

Request for Quotation

Homeowner's Insurance

Important: Please be accurate in completing this form. Your discounts and premium quotation will be based on the information you give us today. If these facts change, your rate will be subject to adjustment.

First Name	Middle Initial	Last Name
E-mail Address		
Street Number, Street Name, Postal Station or RR		Apt/Suite
City/Town	Province	Postal Code
Spouse's Name (If Applicable)		

Date of Birth (DD/MM/YY)

Area Code	Home Telephone
Area Code	Bus. Telephone
Area Code	Fax Number

Date of Birth (DD/MM/YY)

Current Policy Information

Insurance Company	Policy Number	Expiry (DD/MM/YY)
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Homeowners Replacement Cost Calculator

Number of Storeys: _____	Total square footage, excluding basement: _____					
Construction Type:	Brick	Frame	Masonry	Other: _____		
Roof Covering:	Asphalt	Wood Shingles	Other: _____			
Type of Dwelling:	Detached	Semi-detached	Duplex	Triplex	Row House	Other: _____
Primary Heating:	Central	Electric	Hot Water			
Number of Bathrooms:	Full bathrooms (3 pieces or more) _____		Half bathrooms (2 pieces) _____			
Number of Fireplaces:	_____	Inside Chimney	Outside Chimney			
Dwelling Includes Garage:	Attached	Detached	Built-in	Carport	# of Cars: _____	Other: _____
Percentage of Basement Finished: _____ %	Size of Deck/Porch: _____ sq.ft.					
Check Applicable Features:	Sunroom	Wood Burning Stove	In-ground Swimming Pool	Central Air Conditioning		
Is the dwelling:	Standard	Custom	Luxury			
Date Occupied (DD/MM/YY): _____						

Homeowners - Underwriting & Discount Information

Year of Construction: _____	If over 25 years ago, indicate the year the following were updated:	Electrical: _____	Plumbing: _____	Roofing: _____	Heating: _____	
Is the dwelling within 8km (5 mi) of a firehall?:	Yes	No	Within 300 meters (1,000 ft) of a fire hydrant?:	Yes	No	
Are you and your family the only occupants of the dwelling?:	Yes	No	If No, Explain: _____			
Is the dwelling:	Vacant	Owner occupied	Unoccupied	Under construction	Used in whole or part for business	
Is dwelling equipped with:	24 hour monitored burglary alarm	24 hour monitored fire alarm	Other: _____			
Claims (Past 3 Years)	Date: _____	Description: _____	Amount of Loss: _____			

Optional Coverages

Personal Articles		Secondary/Seasonal Dwelling	Watercraft	
You may wish to insure the items mentioned below for amounts in excess of the existing policy limits. Please state the total value of the items you wish to insure separately.		Address: _____	Year _____	Length (ft or m) _____
Item	Value	County: _____	Original Cost \$ _____	H.P. _____
Jewellery	\$ _____	Lot#: _____	Type: Sailboat	Inboard
Furs	\$ _____	Postal Code: _____	Outboard	I/O
Fine Art	\$ _____	Building Value: _____	Speed: _____ mph	_____ kmph
Other	\$ _____	Contents Value: _____	Inland	Coastal

The underwriting process of the insurance companies involves obtaining a consumer report (also known as a "credit score") from a consumer reporting agency to determine eligibility for a discount in the premium. Please indicate whether you give permission for the insurance companies to do so.

Yes No