

Application  Quotation

BROKER: \_\_\_\_\_ Agency# \_\_\_\_\_ Tel# \_\_\_\_\_

APPLICANT: \_\_\_\_\_ Tel# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Postal Code \_\_\_\_\_

LOCATION OF INSURED PROPERTY: Same  or: \_\_\_\_\_ Postal Code \_\_\_\_\_

POLICY Business in operation since \_\_\_\_\_

PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ since \_\_\_\_\_

**CONSTRUCTION – DETAILS**

Walls: _____	Number of apts: _____	Electrical: Fuses <input type="checkbox"/> Breakers <input type="checkbox"/>
Roof: _____ Storeys _____	Int. Finish: _____	Hydrant: _____
Basement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Auto Sprinklers: _____	Fire Hall: _____ Distance: _____
Heating: _____	Auto CO <sub>2</sub> _____	Alarm system-Fire <input type="checkbox"/> Name _____
Year built: _____	Extinguishers: _____	Alarm system-Burg <input type="checkbox"/> Name _____
Area of Bldg: _____	Smoke Detectors: <input type="checkbox"/> _____	Safe <input type="checkbox"/> Vault <input type="checkbox"/> Name(class) _____

\*Updates Done: Roof \_\_\_\_\_ Heating: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_

**OCCUPANCY** Name and address: \_\_\_\_\_

Applicant \_\_\_\_\_

Other Occupants \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_

Previous losses (3 years) Yes  No

Previously declined? Yes  No

Supporting Business (1) Policy \_\_\_\_\_ (2) Company \_\_\_\_\_

Co Form	Coverages	NP	Deductible	Coins %	Amount of Insurance	Rate	Premium
	Building	NP	\$		\$	\$	\$
	Equipment	NP	\$		\$	\$	\$
	Stock	NP	\$		\$	\$	\$
	Contents (E&S)	NP	\$		\$	\$	\$
	Rental Income	N/A	\$		\$	\$	\$
	Premises Liability	N/A	\$ 1000. BI&PD Ded	N/A	\$	\$	\$

\* **NOTE: PLEASE ATTACH OR E-MAIL A PHOTO OF ALL BUILDINGS**

\* **NOTE: TENANT RESTRICTION ENDORSEMENT APPLIES TO RENTAL PROPERTIES**

---

M.R.P. \$ 250. Total Premium \$ \_\_\_\_\_

SIGNED BY \_\_\_\_\_ DATE \_\_\_\_\_