

Tenant's Content Quote Sheet

Name of insured (A): _____ Date of Birth: _____

Contact Number: _____ Email: _____

Occupation: _____ How many years: _____

Name of insured (B): _____ Date of Birth: _____

Contact Number: _____ Email: _____

Occupation: _____ How Many Years: _____

Proposed insured Address: _____

Mailing address if different from above: _____

City: _____ Province: _____ Postal Code: _____

How many units in complex? _____

Effective Date? _____

Any previous coverage? If yes, from which carrier? _____

Had insurance for how many years? _____ Any claims in last 5 years? _____

Any smoke alarm? _____ Any sprinkler system? _____

Amount of content coverage required? \$10,000___ \$15,000___ \$20,000___ Other_____

Credit check consent: Yes ___ No ___ If yes, please provide telephone number: _____

Agent Name: _____

Email: _____