



Pacific Place-Insurance Services Inc.

#102-1245 W. Broadway Vancouver, BC V6H 1G7
Tel: (604) 267-1833 Fax: (604) 872-8896 www.pacificplacegroup.com

Date: _____

Agent: _____

Email: _____

Home Quote Request Form

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

Phone#: _____ Email: _____

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

Proposed Insured Address: _____

Mailing Address: (if different from above) _____

USE of PROPERTY: Primary Residence ____ Rent ____ Tenant ____ Vacant ____

If rental property, is there absentee landlord? YES ____ NO ____ How many families in home? ____

Planned Insurance Effective Date: _____

Any previous insurance? _____ How long has client had insurance? _____

Which Company? _____ Policy # _____ Any claims in last 5 years? _____

Does the client have mortgage? Yes ____ No ____ Mortgage company: _____

Any Home Alarm System? Yes ____ No ____

Local Alarm System ____ Monitored Alarm System ____ (copy of certificate required)

Heating System: Electric ____ Gas ____ Other _____

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

Type of Garage: Detached ____ Attached ____ Built-in ____

*For houses older than 20 years, please provide **YEARS of update** and select the type.

1. Year build: _____ (Year)
2. Roof: _____ (Year) Type: Asphalt ____ Tiles ____ Other: _____
3. Heating / Furnace: _____ (Year) Service _____ (Frequency)
4. Plumbing: _____ (Year) Type: PVC ____ Copper ____ Plastic ____ Iron ____ Galvanized ____
5. Age of hot water tank (Needs update if house older than 10 years) _____ (Year)
6. Electrical: _____ (Year) Type: Copper ____ Aluminum Wiring ____ Any knob & Tube ____
7. Fuse box: C-breakers ____ Fuses ____ amps _____