

CONDOMINIUM INSURANCE "QUICK QUOTE" QUESTIONNAIRE

Name: _____

Address: _____ postal code: _____

How would you like to be contacted with the quote?

email: _____ Phone: _____ Fax: _____

Condo/Townhouse/Apartment Year built: _____

Estimated Replacement Value of Personal Belongings: \$ _____ (The cost to replace your personal belongings such as furniture, clothing, kitchenware, electronics, sporting goods, toiletries, beddings, etc. Please include the value of your appliances such as dishwasher, oven, refrigerator, washer & dryer)

The following questions apply to discounts which may be available to you.

SECURITY: Burglar Alarm: Monitored _____ Local _____ Fire Alarm: Monitored _____ Local _____

Block Watch: _____ Interior Sprinkler System _____

Firehall within 8 km: Yes _____ No _____ Fire Hydrant within 300 metres: Yes _____ No _____ (most residences in the Lower Mainland are within)

OCCUPANCY: Owner-Occupied? _____ No. of Families in Dwelling _____ Any part rented out? _____

Any unrelated roommates? _____ If so, please advise us if they carry their own insurance.

Any Business conducted on Premises? _____ If yes, type of business _____

Have you carried home insurance in the past? yes: ___ no: ___ if yes, when? _____

Have you ever had your insurance cancelled or been declined insurance? If so, please describe: _____

Any losses/claims in past 5 yrs? Provide Date of Loss, Details of Claim & Amount Paid by Insurer _____

Do you have a mortgage or line of credit on the condominium? Yes: ___ no: ___

Is any owner & occupant of the home over the age of 45? If so, please provide age or birthdate: _____

Some insurers offer discounts based on your occupation; please advise your occupation and place of employment: _____

Are all occupants of your residence Non-smokers? Yes: ___ No: ___

Call, Fax or email this information to us and we will provide you with a rough quote within one business day.

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