

TENANT (Renter's) INSURANCE "QUICK QUOTE" QUESTIONNAIRE

Name: \_\_\_\_\_

Address: \_\_\_\_\_ postal code: \_\_\_\_\_

How would you like to be contacted with the quote?

email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Estimated **Replacement Value of your Personal Belongings**: \$ \_\_\_\_\_ (The cost to replace your personal belongings such as furniture, clothing, kitchenware including appliances you own, electronics, sporting goods, toiletries, beddings, etc. without depreciation).

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

Residence Year built: \_\_\_\_\_

Type of building: detached dwelling: \_\_\_ wood-frame apartment or townhouse: \_\_\_ concrete apartment: \_\_\_ other (describe): \_\_\_\_\_

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 \_\_\_\_\_

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 home "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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