# 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:_____

# Condo 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) _____

Status in Canada:  Citizen _____     PR _____     Visitor _____     Student _____

USE of PROPERTY: Primary Residence _____     Rental (landlord) _____     Tenant (Renter) _____     Vacant _____

Number of families already moved in: 1 _____ 2 _____ 3_____

Status in Canada: Citizen _____ PR_____ Visitor_____ Student_____

If rental property, is there an absentee landlord? Yes_____ No_____

If this is a rental property, is there a property management company? Yes_____ No_____ If yes, please provide full name, phone number and email of property manager, along with name of company:

_____

_____

Planned Insurance Effective Date (Must be moved in, not vacant): _____

How many years has client had insurance? _____ Current Insurance Carrier: _____

Policy # _____ Expiry Date: _____ Any claims in last 5 years? _____

If yes, please explain: _____

Does the client have mortgage? Yes _____ No_____

If YES, name & address of bank: _____

Any in suite alarm system? Yes _____ No _____

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

Heating System Electric: Electric _____     Gas _____

Condo Strata Deductible limit: $_____ Strata Earthquake Deductible: _____

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