



Pacific Place-Insurance Services Inc.

#2403-4710 Kingsway, Burnaby BC V5H 4M2
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: _____ Occupation: _____

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

Occupation: _____ Relationship to client A: _____

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 (if YES copy of certificate required) ____

Heating System Electric: Electric ____ Gas ____

Strata water deductible limit required: \$ _____ Strata Earthquake Deductible: \$ _____

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