Pacific Place-Insurance Services Inc.

#2403-4710 Kingsway Burnaby, BC V54M2
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 _----------