



CANS MEMBERS - HARNESS THE POWER OF MANY
COMBINED BUYING POWER FOR THE INSURANCE PROTECTION YOU NEED

Tenant's Questionnaire

About You:

Name(s) of Insured(s): _____

Date(s) of Birth: _____

Address: _____

Contact Number: _____ Email: _____

Your Insurance History:

Continuous Years
Insured: _____

Any Previous Policies
Cancelled for Non Payment? _____

Details of Claims in Last Ten Years: _____

Previous Insurer's Name: _____

Expiry Date: _____ Previous Policy # : _____

Underwriting Information:

Year Built: _____ Type of Structure: _____

Fire Protection Grade: _____ Use of Dwelling: _____

What Contents Limit Do You Require? _____

Stanhope Simpson INSURANCE LTD.

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Continued...

Do you require any specialized coverage (i.e. jewelry coverage, fine arts coverage, etc.)? Please describe details, including limits required.

What Liability Limit Do You Require? _____

CANS Member Company Name: _____

How Did You Hear About this CANS Program? _____

The applicant acknowledges: (1) all of the information provided on this form is true to the best of my knowledge; and (2) reports containing personal, credit, factual, investigative, insurance, or driver information may be sought in connection with the preparation of the insurance quote I am hereby requesting.

Thank you for considering Stanhope Simpson. We are proud to be a local, independent insurance broker who actively supports the Construction Association of Nova Scotia.

Please push the email icon to submit the questionnaire electronically -