

Stanhope Simpson INSURANCE LTD.

Condominium Quote 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 # : _____

Mortgage Information:

Company Name: _____

Mailing Address: _____

Underwriting Information:

Year Built: _____ Type of Structure: _____

Total Sq. Footage: _____ Value of Condo: _____

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Details of Heating System: _____

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Details of Air Conditioning Systems (If Applicable): _____

Do You Have a Monitored Alarm System?

Are any Smokers Living in Your Dwelling?

Fire Protection Grade:

Use of Dwelling:

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

Do You Use Your Home for Work Purposes? If so, Please Describe: _____

What Liability Limit Do You Require?

Please describe any unique features that would add value above and beyond a standard dwelling. (Examples: upgraded kitchen cabinets/counters, whirlpool bath tub, hot tub, etc.)

Where are you Currently Employed: _____

How Did You Hear About Stanhope Simpson Insurance?

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.