

Stamhope Simpson

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

Tenant's Quote Questionnaire

About You:

Name of person requesting quote:						
Your date of birth:						
Your occupation (discounts may apply):						
Your mailing address:						
Address where you are renting:						
(if different than mailing)						
E-Mail:	Phone	#:				
How many other people live with you?						
What are their names?						
Do you or any of the people mentioned above	smoke?	NO	YES			
How would you like to receive your quote:	PHONE CALL		E-MAIL		TEXT	
How did you hear about Stanhope Simpson? _						
Your Insurance History:						
Current Insurance Company:	Rene	ewal Date	e:			
How long have you been with your current cor	npany?	Y	ears			
Have long have you been continuously insured	?	Y	ears			
Have you had any claims in the past five years?	•			NO	YES	
If you answered "YES" to the above question, v	what happened?					
Has your tenant's policy been cancelled for no	n-payment in the	past six	years?	NO	YES	
If "YES" how long ago?						
Your Building/Space:						
How long have you lived here?					_ yrs	_ mths
Approximately what year was the building con	structed?					
How is the building constructed (wood frame,	brick, cement/co	ncrete)?				
How many stories is the building?						
How many units are in the building?						

How is your unit heated?							
Are there any additional heat sources	(woods	tove, fire	eplace, p	ropane)	?		
Are there any stores or businesses in t	he build	ding?					
Is there a fire hydrant within 300m?	NO	YES					
How far is the nearest fire station (if k	nown)?						kms
Do you have basement storage?	NO	YES					
Are you subletting?	NO	YES					
Do you run a business from your apart	tment/h	iome?		NO	YES		
If you answered "YES" to the above qu	uestion,	please c	lescribe:				
Your Coverage Needs: If you needed to replace everything af	ter a fir	e how m	nuch woi	uld you r	need?	\$	*
Do you have any special items of high			NO	YES			
If you answered "YES" to the above qu	uestion,	what ar	e the ite	ms and t	the appr	oximate	value:
		\$			_		
		\$			_		
		\$			_		
		\$			_		

The Fine Print:

In conjunction with the contents coverages noted above, additional coverage extensions may also be available to enhance your protection. Your personal insurance professional at Stanhope Simpson will discuss available options with you when reviewing your quotation. However, if there are items you specifically wish to have included in your quotation, please feel free to note on this form.

The applicant acknowledges: (1) all of the information provided on this form is true to the best of my knowledge as each question's answer may impact premium calculation; 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!

^{*} Please take time to consider this number, as most people will underestimate what it will cost to replace their belongings. An inventory worksheet is available on request. Minimum contents coverage available with most insurance companies is \$20,000.