

Business Insurance Quote Request Form

Business Name	<input type="text"/>	Owner's Name	<input type="text"/>
Street Address	<input type="text"/>	Province	<input type="text"/>
City	<input type="text"/>	Postal Code (X1Y 2Y2)	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
Email Address	<input type="text"/>		
Age of Building	<input type="text"/>	Description of Operations	<input type="text"/>

Is the premises sprinklered? Yes No

Square footage you occupy: Construction of building

What type of business is to your left?

What type of business is to your right?

Hydrant with 300 metres? yes no Firehall within 5 kms? Yes No

Monitored Alarm on premises? yes no Interior motion detectors? yes no

How many years in business?:

Do you currently have insurance? yes no

Insurance company Policy Number

Expiry Date

Has there been any claims in the last 5 years? yes no

Date of last claim

Annual gross sales receipts:

Annual Payroll:

Disclaimer: This is a request to provide a quote only and is not an insurance policy. It is not an offer of insurance. Further information may be required in order for a complete quote to be provided. This quote request contains some information about coverage offered but it does not list all of the conditions and exclusions that apply to the described coverage. The actual wording of the policy governs all situations.

This quote request is only available to persons resident in the Province of Ontario. The products described are subject to change without notice at any time