

LESLIE & GILES

INSURANCE LIMITED



Tenant / Condo Insurance Quote Request

Name of Applicant(s): _____ Home #: _____

Address: _____ Cell #: _____

City: _____ Postal Code: _____

Gender: Male Female

Married: Yes No

Date(s) of Birth _____ **Occupation(s)** _____

Fire Protection: Distance to Fire Hydrant: _____ Distance to Fire Hall: _____

Heating:

- Furnace Central
- Oil Furnace
- Solid Fuel Heating
- Wood Furnace
- Electric Baseboard

Structure/ Type

- Highrise
- Townhouse
- Rowhouse
- Triplex
- Duplex

Construction

- Fire Resistive
- Concrete
- Masonry
- Frame
- Log

of Floors in Building: _____ **Year Built:** _____ **Unit Sq. Ft:** _____

of Units in Building: _____ **# of Bedrooms:** _____ **# of Bathrooms:** _____

Occupancy: Primary Secondary Other (details required): _____

Dwelling Updates: List / Date any upgrades or maintenance completed:

Plumbing: _____ Heating: _____ Electrical: _____ Roof: _____

Personal Property Contents Limit: \$ _____

Sewer Backup Coverages Required? Yes No All Non-Smokers? Yes No

Are you currently insured? Yes No

If yes, how many continuous years have you been insured? _____

Name of Current Insurance: _____ Policy Number: _____

Expiry Date of Current Insurance: _____

Is there a Co-Occupant that requires Coverage? Yes No

Co-Occupant Name: _____

Signature of Applicant: _____