PROPERTY QUOTE

ROBERTSON HALL INSURANCE

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519-680-3111 | 800-640-0933 | Fax 519-685-2931
www.robertsonhall.com

GROUP/ASSOCIATION: **Please Choose**	DATE OF BIRTH: MM/DD/YYYY	EMPLOYER:
MEMBER NAME:		EMAIL:

TYPE OF INSURANCE APPLYING FOR: ❑ HOME ❑ CONDO ❑ TENANT ❑ RENTAL PROPERTY ❑ SEASONAL PROPERTY

ADDRESS:	CITY:	POSTAL CODE:
HOME TEL:	WORK TEL:	CELL:

CURRENT INSURER:	HOW MANY YEARS OF PROPERTY INSURANCE:	EXPIRY DATE:
NUMBER OF HOME CLAIMS IN THE LAST 5 YEARS: DETAILS:	HAVE YOU BEEN CANCELLED FOR NON-PAYMENT IN LAST 3 YEARS ❑ YES ❑ NO IF YES, WHEN:	
LIABILITY ❑ $1 MILLION ❑ $2 MILLION	DEDUCTIBLE: ❑ $500 ❑ $1000 ❑ $2500 ❑ $5000	
CURRENT HOUSE VALUE (HOME ONLY): $	CURRENT CONTENT VALUE (CONDO/TENANT ONLY): $	

NAMES OF INSURED AS THEY APPEAR ON MORTGAGE/DEED DOCUMENTS:

MORTGAGE: ❑ YES ❑ NO # OF MORTGAGES **Please Choose**

RISK ADDRESS: SAME AS ABOVE ❑ YES ❑ NO DATE HOME WAS PURCHASED:	IF NO, ADDRESS:

YEAR BUILT:	STRUCTURE: **Please Choose**	TOTAL SQ FT: (EXCLUDING BASEMENT)	BASEMENT FINISHED ❑ YES ❑ NO % **Please Choos**
EXTERIOR: **Please Choose**	STYLE: **Please Choose**		
GARAGE: **Please Choose**	GARAGE SIZE: **Please Choose**	DECK: **Please Choose**	SQ:
PORCH: **Please Choose**	SQ:		
SECURITY SYSTEM: **Please Choose**		SMOKE FREE HOME ❑ YES ❑ NO	BATHROOMS # 2 PIECE # 3 PIECE # 4 PIECE
POOL: **Please Choose**			

ELECTRICAL: **Please Choose**	AMPERAGE: **Please Choose**	YEAR LAST ELECTRICAL UPDATE WAS DONE:	WIRING: **Please Choose**
PLUMBING: **Please Choose**		YEAR LAST PLUMBING WAS DONE:	OLDER PLUMBING: % **Please Choose** **Please Choose**
SEWER BACK UP: **Please Choose**		WATER SHUT OFF VALVE: ❑ MANUAL ❑ AUTOMATIC	AGE OF HOT WATER HEATER:
PRIMARY HEATING: **Please Choose**	YEAR FURNACE WAS REPLACED:	ANY SECONDARY HEATING: **Please Choose** AGE:	ROOF TYPE: **Please Choose** YEAR ROOF WAS REPLACED:

DO YOU HAVE ANY RENTERS/ BOARDERS IN YOUR HOME: ❑ YES ❑ NO	HOME BUSINESS: ❑ YES ❑ NO DETAILS:	DO YOU HAVE CGL/ PLI INSURANCE: ❑ YES ❑ NO
RMTAO & OASW HOME CLINIC / BUSINESS DETAILS:	NUMBER OF TREATMENT ROOMS:	NUMBER OF CLIENTS PER WEEK: NUMBER OF EMPLOYEES:

I am applying for an insurance quote based on the information provided above. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize you to collect, use and disclose information as permitted by the law for the purpose necessary to assess the risk.

PLEASE CHECK THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE DISCLOSURE ❑ **YES, I AGREE**

YOUR NAME: _____ DATE: _____

Thank you for completing the quote form

Please **save the form** and email it back to our office at: **group@robertsonhall.com** or click here