



**JOHN ROSS**  
INSURANCE SERVICE LTD.

**TENANT INSURANCE "QUICK QUOTE" QUESTIONNAIRE**

1829 West Broadway,  
Vancouver, B.C. V6J 1Y5  
1.800.565.2922

Office: 604.731.5258  
Fax: 604.731.6701  
Annie Luu  
Customer Service Representative  
aluu@johnrossinsurance.com



Applicant Name: (full legal name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Co-Applicant: (full legal name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Estimated Replacement Value of your Personal Belongings: \$ \_\_\_\_\_ (Minimum \$40,000)

(The cost to replace your personal belongings such as furniture, clothing, kitchenware including appliances you own, electronics, sporting goods, toiletries, beddings, etc. without depreciation)

**IN-SUITE SECURITY**

Burglar Alarm: Monitored \_\_\_\_\_ Local \_\_\_\_\_ Do you pay a monitoring fee? \_\_\_\_\_

Fire Alarm: Monitored \_\_\_\_\_ Local \_\_\_\_\_ Do you pay a monitoring fee? \_\_\_\_\_

**OCCUPANCY**

Number of Families in residence \_\_\_\_\_ Any part rented out? \_\_\_\_\_ Any unrelated roommates? \_\_\_\_\_

Any Business conducted on premises? \_\_\_\_\_ If yes, type of business \_\_\_\_\_

**POLICY HISTORY**

Have you ever had your insurance cancelled or been declined insurance? If so, please describe: \_\_\_\_\_

Have you carried home insurance in the past? Yes: \_\_\_ No: \_\_\_

If yes, have coverage been continuous? Yes: \_\_\_ No: \_\_\_

Name of previous insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

Any losses/claims in past 5 yrs (regardless if you have not had home insurance) \_\_\_\_\_

If Yes, Provide Date of Loss, Details of Claim & Amount Paid by Insurer \_\_\_\_\_

Previous home address if less than 3 years at current address: \_\_\_\_\_

Call, Fax or email this information to us and we will be happy to provide you with a quote.

Should you have any questions or require further assistance regarding your insurance needs, please do not hesitate to contact our office.

1829 WEST BROADWAY, VANCOUVER, BC V6J 1Y5 PHONE: 604 731 5258 FAX: 604 731 6701

WWW.JOHNROSSINSURANCE.COM