



# AXIS INSURANCE MANAGERS INC.

*"Quality Insurance for Quality Clients"*

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## PERSONAL LINES QUOTE QUESTIONNAIRE

Name: .....

Mailing address: ..... Postal Code: .....

Occupation:.....Phone number: .....Date of Birth:.....

Email address: .....

Location address (if different than mailing): ..... Postal Code: .....

Effective date for the coverage: .....

Have you had Habitational Insurance before? ..... Years of continuous insurance? .....

Have had any claims in the past five years? ..... If yes, how many?

Date of losses? .....

Constructions of the building: (frame or concrete F  C  Year Built:..... Number of Units: .....

Commercial occupancy in the building: Y  N  (If yes, provide a description) .....

### PRIMARY SOURCE OF HEATING:

Distance from fire hall and hydrant: .....

Smoke detectors? Y  N  Sprinklers? Y  N  Burglar or fire alarm? Y  N

(if yes, is it monitored by a monitoring company?) Y  N  Security Guard? Y  N  24hr concierge? Y  N

Is it your primary residence? Y  N

How long has it been that you are living in/owning this property? .....

Do you have a mortgage? Y  N  (If yes, number of mortgages) .....

Number of families? .....

### LIMITS OF INSURANCE

Building limit (Not for condos and tenants): Contents limit: ..... Liability Limit: .....

Deductible: .....

Any additional coverage: Y  N  .....

Earthquake? Y  N  By-laws? Y  N  Glass? .....