

Personal Information			
First Name	Last Name		Date of Birth (yyyy-mm-dd)
Address of Coverage			
Mailing if different from Coverage address			
Telephone Number	Mobile Number	Email Address	
Occupation	Employer		Years Employed

Personal Information – Additional Name Insured			
First Name	Last Name		Date of Birth (yyyy-mm-dd)
Address of Coverage			
Mailing if different from Coverage address			
Telephone Number	Mobile Number	Email Address	
Occupation	Employer		Years Employed

Relationship of Parties	
<input type="checkbox"/> Married	<input type="checkbox"/> Common Law <input type="checkbox"/> Other:
How many unrelated individuals live together at this location?	
Are you a current Vancity Staff Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Insurance Policy	
Do you currently have Tenants Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, policy still in force:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is your current Insurer:	
What date do you need the policy to be in effect for:	
How many years of continuous Insurance coverage do you currently have:	
Current Policy #:	Expiry Date:
If no current coverage, when was the last time you had Tenants Insurance:	
If you have never had insurance, please provide details on why not. (e.g. lived with parents):	
Please list if any personal insurance losses or claims within the past 5 years (whether covered by insurance or not, including vehicle break-ins):	
Please provide details if applicable:	
Do you consent to soft credit check? This usually results in premium reduction.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Tenant Information		
Are there any business activities on the premises (either in the unit or in the building):		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of business do you conduct from your premises?		
What type of commercial occupancies are there in the building? (e.g. restaurant, coffee shop, etc.)		
Is the location within 300 meters of a fire hydrant:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the location within 8 kms of a firehall:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any Wood Burning Stoves, fireplace inserts:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any oil tanks (above or underground):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there cannabis cultivation on the premises:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a dog owner:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any live-in help (e.g. nannies, caretakers, etc.):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Age of hot water tank:	Fuel type:	Storage Tank or Tankless:
Year built:	Construction Type: <input type="checkbox"/> Wood Frame <input type="checkbox"/> Concrete <input type="checkbox"/> Other:	
Type of dwelling (e.g. single family, apartment building, suite within a house, etc.):		
Exterior siding of the building:		# of units in the building:

Tenant Policies
What is the personal property limit requested (minimum \$50,000):

Optional Coverage	
Would you like a quote for schedule items (items easily lost or stolen: bikes, jewelry, etc.):	<input type="checkbox"/> Yes <input type="checkbox"/> No
We recommend overland water coverage. Would you like Overland Water quoted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
We recommend earthquake coverage. Is earthquake required for your policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wiring/Plumbing/Heating	
Wiring Amp (e.g. 60, 100, 200, etc.):	Wiring Updates: <input type="checkbox"/> Partial <input type="checkbox"/> Full Year:
Wiring Panel: <input type="checkbox"/> Breakers <input type="checkbox"/> Fuses	Wiring Type (e.g. Copper, Aluminum, Knob & Tube, etc.):
Plumbing Type (e.g. Copper, Plastic, Galvanized Cast Iron, etc.):	
Plumbing Updates: <input type="checkbox"/> Partial <input type="checkbox"/> Full Year:	
Primary Heat (e.g. Gas, Electric, etc.):	Heating Updates: <input type="checkbox"/> Partial <input type="checkbox"/> Full Year:

Note: This questionnaire is not confirmation of coverage and is not to be used as an insurance policy. All resulting policies issued are subject to the terms, conditions, and exclusions of the applicable policy.

By completing this questionnaire, I consent to SCU Insurance Services LTD. (carrying on business as Squamish Insurance) using my personal information in order to provide me a quote for insurance. SCU Insurance Services Ltd. has adopted the Privacy Code of its affiliate Vancouver City Savings Credit Union (Vancity). The Privacy Code explains in more detail why we collect personal information and how we will keep it safe, how we will use it, and when we might share it with others. A copy of the Privacy Code is available:

- online at vancity.com
- at any Vancity branch (including Squamish Savings)
- by calling 604-877-7000 or 1-888-826-2489 (1-888-Vancity)

Please send the completed questionnaire to info@squamishinsurance.com