

QUICK QUOTE

FIRM NAME							
CONTACT NAME							
ADDRESS							
	CITY		PROV	ONTARIO			
PHONE	OFFICE	()	HOME	()			
	FAX	()	CELL	()			
E-MAIL							

GROSS REVENUES ESTIMATED FOR THE NEXT 12 MONTHS	\$
IS THE FIRM'S RESIDENTIAL WORK 75% OR MORE? RESIDENTIAL INCLUDES ALL NEW HOME WORK.	YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIBE THE BUILDING IN WHICH STOCK IS KEPT. FIRE RESISTIVE, MASONARY, BRICK VENEER, METAL, FRAME	
DESCRIBE THE BUILDING IN WHICH OFFICE CONTENTS ARE KEPT. FIRE RESISTIVE, MASONRY, BRICK VENEER, METAL, FRAME	

LIABILITY	COMMERCIAL GENERAL	1 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> MILLION
OFFICE EQUIPMENT	DESKS, PHONES, FAX, COMPUTER, ETC.	\$
EQUIPMENT	DOES NOT LEAVE YOUR BUSINESS PREMISES	\$
TOOLS	TOTAL OF ALL ITEMS VALUED UP TO \$500 EACH *	\$
EQUIPMENT/ TOOLS	TOTAL OF ALL ITEMS VALUED OVER \$500 EACH **	\$
STOCK	MOST AT ANY TIME, INCLUDING AT JOB SITES	\$
TRANSIT	MAXIMUM VALUE OF STOCK IN ANY ONE VEHICLE	\$

* VALUE IS REPLACEMENT COST MINUS DEPRECIATION

** IF PURCHASED NEW AND LESS THAN 3 YEARS OLD, VALUE IS REPLACEMENT COST, OTHERWISE REPLACEMENT COST MINUS DEPRECIATION.

If you own the commercial building in which your firm operates, please complete the following.

Amount of coverage currently on the Building, Replacement cost	\$
Total Sq Ft.	Square feet occupied by your firm
Age of Building	# Stories

RETURN THIS FORM TO **ADRIATIC** INSURANCE BROKERS LTD. **FAX 905 851 9115**