

Tenant's Questionnaire

About You:

Name(s) of Insured(s): _____

Date(s) of Birth: _____

Address: _____

Contact Number: _____ Email: _____

Your Insurance History:

Continuous Years
Insured: _____

Any Previous Policies
Cancelled for Non Payment? _____

Details of Claims in Last Ten Years: _____

Previous Insurer's Name: _____

Expiry Date: _____ Previous Policy # : _____

Underwriting Information:

Year Built: _____ Type of Structure: _____

Fire Protection Grade: _____ Use of Dwelling: _____

What Contents Limit Do You Require? _____

Stanhope Simpson

INSURANCE LTD.

Do you require any specialized coverage (ie. jewelry coverage, fine arts coverage, etc.)? Please describe details, including limits required.

What Liability Limit Do You Require? _____

Where do you currently work: _____

How did you hear about Stanhope Simpson Insurance? _____

The applicant acknowledges: (1) all of the information provided on this form is true to the best of my knowledge; and (2) reports containing personal, credit, factual, investigative, insurance, or driver information may be sought in connection with the preparation of the insurance quote I am hereby requesting.

Thank you for considering Stanhope Simpson. We are proud to be a local, independent insurance broker.