



**General Commercial  
QUOTE APPLICATION**

**CMW Insurance Services Ltd.**

700-1901 Rosser Avenue  
Burnaby, BC V5C 6R6

Tel: 604-294-3301 Fax: 604-294-3003

Contact Name:			
Business Name:			
Contact Phone Number:		Fax Number:	E-mail:
Mailing Address: <small>Street</small>		<small>City</small>	<small>Province</small> <small>Postal Code</small>
Location Address: <small>If different than above</small>			
Presently Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide below:			
Policy Expiry Date:			
Insurance Company and Policy Number:			
Form of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship			
Provide Description of Business Operations:			
Your Website Address:			
Year Business Established:			
Approximate Gross Annual Sales:			
Number of Employees:		Full-time:	Part-time:
<b>Notes:</b>			

**Completion of this application does not obligate the Company to accept risk.  
Coverage will commence only when notification of acceptance is given by the Company.**