



DRY CLEANERS QUOTE REQUEST FORM

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:	
Mailing Address:	Street	City	Province Postal Code
Location Address: <small>If different than above</small>			

Building Details:
Year Built:
No. of Stories:
Square footage of your business:
Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Building Construction: <input type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Non-combustible
Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No
Your business: Dry cleaning only <input type="checkbox"/> Yes <input type="checkbox"/> No
Dry cleaning and Coin-Op <input type="checkbox"/> Yes <input type="checkbox"/> No

Limits and Coverages Requested:
Building \$
Business Contents \$
Computer Hardware and Software \$
Customers Goods: \$
Liability Limit: \$
Boiler: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric
Earthquake Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No
Crime/Money Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No

Loss History: <input type="checkbox"/> No losses in past 5 years <input type="checkbox"/> Losses occurring in past 5 years below:
Date Description Amount

Notes:

Authorized Signature:	Date Signed:
Policy Expiration Date:	

**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.**