



Quote & Renewal Request Form

Email to: quote@rjfc.ca for agreement/contract documents

Insured name(s) as per policy _____
 Phone number(s) _____
 E-mail address _____
 Mailing address as per policy _____

Brokerage _____
 Broker / Agent name _____
 Phone number _____ Ext. # _____
 E-mail address _____

Insurance Company / Provider _____

Underwriter agent name _____

Where notices are to be sent (ie: cancellation, notice of assignment)

E-mail address of underwriter _____

Policy Term: _____ (6 Month or Annual)

Policy Effective Date _____

Policy Number _____

Type of policy (coverage) _____

Direct bill or Agency bill _____

Can the policy(ies) be cancelled _____

Total Minimum Retained Amount _____ (Entry mandatory. If no minimum retained enter \$0.00)

Side notes

Premium(s) to finance 0.00 _____

Company fee(s) if applicable 0.00 _____

Broker fee(s) if applicable 0.00 _____

Tax if applicable 0.00 _____

Total to be financed 0.00 _____

WE ARE NOT ABLE TO QUOTE POLICIES THAT CANNOT BE CANCELLED

Broker Signature

Date