



# Insurance Quote Request Form.

<b>Claimant:</b>	Date:
Address:	Company:
City: Province: B.C.	Adjuster:
Postal Code:	Phone:
Phone (h): Phone (w):	Fax:
Phone (c): Email:	Email:

<b>Claim Number:</b>	<b>Deductible:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Store Use Only Quote Date: Clear Date:	Claimant Pays \$

Qty	Product Description	Value
1.		
Office Use :	Replacement: Product no:	
2.		
Office Use:	Replacement: Product no:	
3.		
Office Use:	Replacement: Product no:	
4.		
Office Use:	Replacement: Product no:	
5.		
Office Use:	Replacement: Product no:	
6.		
Office Use:	Replacement: Product no:	
7.		
Office Use:	Replacement: Product no:	
8.		
Office Use:	Replacement: Product no:	

<b>NOTES:</b>

Please email to: [info@kerrisdalecameras.com](mailto:info@kerrisdalecameras.com) or fax 604-263-1651  
Phone: 604-263-3221  
Toll free: 1-866-310-3245