

# Commercial Tenants Insurance Program

Company's Legal Name:

Unit #(If multiple units are occupied, please include)

Annual Gross Receipts  
(Total of all sales before expenses)

Primary contact name:

Primary contact phone:

Email Address:

Requested Policy Start Date ?

Please provide a brief description of operations:

Mailing address if different from business address:

Best time to call?

Type of business (Office, Retail, Health Services, etc.)

Previous claims, please provide year and brief description of any insurance claims:

Quotes can also be completed online at  
[www.pacific-sands.com](http://www.pacific-sands.com)

Please email or fax your completed request to  
[solve\\_commercial@cooperators.ca](mailto:solve_commercial@cooperators.ca)  
Fax: 1(250)861-3715

We appreciate your request. A commercial insurance advisor will contact you shortly.

Solve Insurance Services Inc.  
120 - 1640 Leckie Rd  
Kelowna BC, V1X-7C6  
1 (866) 582-3777

