Insurance Quote Request Form.

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

Claim Number:	**Deductible:** ☐ **Yes** ☐ **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:	

NOTES:

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