



# 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 1215.ca**

**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**

