

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.martello-tower.com**

**Please email or fax your completed
request to
solve_commercial@cooperators.ca
Fax: 1(250)861-3715**

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