

Toronto Office: 18 King St. E., Suite 903 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

ADDITIONAL QUESTIONNAIRE FOR ESTIMATORS/APPRAISERS

To be completed with SUM Insurance Miscellaneous Errors and Omissions Application

1. FULL NAME OF THE APPLICANT: _____

2. GENERAL EXPERIENCE OF SENIOR PERSONNEL (state briefly, length of employment and prior employment):

3. ARE ALL ESTIMATIONS CONFIRMED IN WRITING? Yes No If No, please explain:

4. SPECIFY PERCENTAGE OF REVENUE ARISING OUT OF:

Private residential property: _____%	Commissioned by owners of real estate: _____%
Commercial property: _____%	Commissioned by others (specify): _____%
Commissioned by financial institutions: _____%	_____

5. SPECIFY PERCENTAGE OF ESTIMATIONS COMMISSIONED FOR THE PURPOSE OF:

Insurance: _____%	Property purchase: _____%
Mortgage: _____%	Other (specify): _____%

6. DESCRIBE PROPERTY AND STATE VALUE OF THE FIVE LARGEST ESTIMATIONS CONDUCTED IN THE LAST TWELVE MONTHS:

IMPORTANT: Please attach a copy of your standard estimation form and/or typical examples of written estimations

Signature of Applicant: _____

Dated: _____

Print Name and Title: _____