



INSURANCE PROGRAM QUOTATION REQUEST FORM

To obtain details on the different coverages in our program, please complete this form and send it to our licensed agents

Adams Cambie Insurance Services Ltd

Phone: (604) 251 – 3571 or (877) 251 - 4079

Fax: (604) 251 – 3981

Email: pharmacy@theadamsgroup.ca

Check against the coverage you would like a quotation and email, call or fax your request.

General, Associate and Retired Members Corporate Members

- | | |
|--|--|
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Comprehensive Store Program |
| <input type="checkbox"/> Accidental Death and Disablement | <input type="checkbox"/> Employee Group Insurance Benefits |
| <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Health Spending Account |
| <input type="checkbox"/> Extended Health, Travel and Dental Care | <input type="checkbox"/> Accidental Death and Disablement |
| <input type="checkbox"/> Critical Illness | <input type="checkbox"/> Critical Illness |
| <input type="checkbox"/> Condominium | |
| <input type="checkbox"/> Tenants | |
| <input type="checkbox"/> Homeowners | |

How should you be contacted with the response?

Email : _____ Tel : _____

Best Day and Time: _____