

# WORLD INSURANCE

**CHOOSE THE LOCATION YOU WANT TO CONTACT:**

**IF YOU PREFER, WE CAN CONTACT YOU...COMPLETE THE FOLLOWING  
AND YOU WILL BE CONTACTED BY A REPRESENTATIVE OF WORLD INSURANCE**

**TITLE:**

**FIRST NAME:**

**LAST NAME:**

**COMPANY / ORGANIZATION NAME:**

**STREET ADDRESS:**

**CITY:**

**PROVINCE:**

**POSTAL CODE:**

**PHONE #:**

**BEST TIME TO CALL:**

**FAX #**

**E-MAIL ADDRESS:**

**TELL US WHAT PRODUCTS YOU WOULD LIKE INFORMATION ON:**

**HOMEOWNERS**

**NEW**

**RENEWAL**

**AUTOPLAN / ICBC**

**NEW**

**RENEWAL**

**TRAVEL INSURANCE**

**BUSINESS INSURANCE**

**NEW**

**RENEWAL**

**MARINE / RECREATIONAL VEHICLE**

**NEW**

**RENEWAL**

**LIFE INSURANCE**

**COMMENTS / REQUESTS:**