

**Protecting Our Children**

**EVANS ADMINISTRATIVE SERVICES INC. Business made EASI**

Email: [contact@protecting-our-children.com](mailto:contact@protecting-our-children.com) Bus: 905-447-4257

**QUOTATION REQUEST FORM –**  
**CHILD AND/OR SPOUSAL SUPPORT**  
**INSURANCE PROTECTION**

**Name of Mediator/Lawyer** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Client Information:**

**DO WE HAVE YOUR CLIENTS CONSENT TO PROCEED: YES OR NO**

Client – Parent Father: \_\_\_\_\_ Income: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Smoking Status: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Client – Parent Mother: \_\_\_\_\_ Income: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Smoking Status: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Child Support Insurance Protection: Product’s TERM – PERMANENT- DISABILITY**

Monthly Child Support Obligation: \_\_\_\_\_

Monthly Spousal Support Obligation: \_\_\_\_\_

Number of Children \_\_\_\_\_

Age of Youngest Child \_\_\_\_\_

CSIP Life Insurance Amount: \_\_\_\_\_ (as per the Separation/Divorce Agreement)

**Illustration emailed back to Mediator/Lawyer within 24 HRS of the date received at EASI**

Emailed Date: \_\_\_\_\_

**Follow up -date:** \_\_\_\_\_

**Other Notes/Instructions: NEXT STEP**

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