



HABITATIONAL INSURANCE APPLICATION

BILLING

COMPANY BROKER/AGENT

INSURANCE COMPANY

QUOTE
 NEW
 RENEWAL

POLICY NUMBER

BINDER NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

2. BROKERAGE/AGENCY INFORMATION

				POSTAL CODE				POSTAL CODE	
CONTACT NUMBER(S)		TYPE		NO.		TYPE		NO.	
TYPE		NO.		TYPE		NO.		BROKER CODE	
TYPE		NO.		TYPE		NO.		CONTACT NAME	
PREFERRED DOCUMENT LANGUAGE		<input type="checkbox"/> ENGLISH		<input type="checkbox"/> FRENCH		PHONE NO.		FAX NO.	
EMAIL ADDRESS		GROUP / PROGRAM NAME		GROUP ID		CONTRACT NUMBER		SUB-CONTRACT NUMBER	
WEBSITE ADDRESS		BROKER CLIENT ID		COMPANY CLIENT ID					

3. POLICY PERIOD

EFFECTIVE DATE _____ TIME _____ A.M. P.M. EXPIRY DATE _____ AT 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.

4. APPLICANT DATA

INSURED NAME				CO-INSURED NAME			
OCCUPATION				OCCUPATION			
YEARS CONTINUOUSLY EMPLOYED		DATE OF BIRTH		YEARS CONTINUOUSLY EMPLOYED		DATE OF BIRTH	
OCCUPANCY DATE				IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS			
				POSTAL CODE			

5. LOSS HISTORY

CLAIMS HISTORY REPORT DATE _____

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS? YES NO IF YES, COMPLETE THE CHART BELOW

LOSS DATE	LOC. #	CAUSE	CLAIM SETTLED (Y/N)	PAID AMOUNT	POLICY NUMBER	INSURANCE COMPANY

6(A). POLICY HISTORY

FIRST TIME INSURED

HAS ANY INSURANCE COMPANY REFUSED TO PROVIDE INSURANCE IN THE PAST 5 YEARS? YES NO

IF YES, INDICATE INSURANCE REFUSAL TYPE: CANCELLED DECLINED REFUSED RENEWAL RESTRICTED COVERAGE

BY WHICH INSURANCE COMPANY _____ REASON _____

PREVIOUS INSURANCE COMPANY _____ POLICY NUMBER _____ EXPIRY DATE _____

SINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURANCE COMPANY? _____ HAS IT BEEN CONTINUOUS? YES NO If no, please provide details in remarks.

6(B). CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY LINE OF BUSINESS _____ POLICY NUMBER _____ LINE OF BUSINESS _____ POLICY NUMBER _____



HABITATIONAL INSURANCE APPLICATION

PREMIUM TABLE
TOWN ID CODE
NO. OF ATTACHMENTS

UNDERWRITING AND COVERAGE INFORMATION LOC # _____

10. RISK ADDRESS SAME AS POSTAL ADDRESS

ACCESS: NARROW ROAD/HILLSIDE AREA EASY ACCESS ROAD/FLAT AREA ISLAND ACCESS/LONG DISTANCE ELEVATED ACCESS
 SLIGHTLY CONGESTED ROAD DIFFICULT ACCESS ROAD/STEEP TERRAIN ISLAND ACCESS/SHORT DISTANCE ISOLATED RURAL AREA

11. MORTGAGEE / LOSS PAYEE(S) **NATURE OF INTEREST**

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12. RATING INFORMATION

EVALUATOR PRODUCT	YEAR BUILT	# OF STOREYS	# OF FAMILIES	# OF UNITS	TOTAL LIVING AREA (excluding basement) <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.
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OCCUPANCY	CONSTRUCTION	HEATING TYPE	SECURITY SYSTEM	Y/N	LOCAL	MONITORED
PRIMARY	SOLID BRICK	PRIMARY HEATING APPARATUS	FIRE			
SECONDARY	BRICK VENEER	FUEL	BURGLAR			
SEASONAL	FRAME	LOCATION	SMOKE DETECTORS			
RENTAL	MASONRY	AUXILIARY HEATING APPARATUS	DETECTOR TYPE			NO:
RENTAL (TO 3RD PARTY)	MASONRY VENEER	FUEL	MONITORED BY			
VACANT	CEMENT	LOCATION	ALARM CERTIFICATE ATTACHED			
UNOCCUPIED	STONE	NO. OF FACE CORDS PER YEAR	SPRINKLER			
UNDER CONSTRUCTION	STUCCO	HEATING UNIT PROFESSIONAL INSTALLATION	SECURITY TYPE			
	ALUMINUM	HEATING UNIT ULC, CSA, OR WH APPROVED				
STRUCTURE TYPE	STEEL	RADIANT HEATING AREA SQ.M. _____				
DETACHED	FIRE RESISTIVE	MAKE _____ YEAR _____				
SEMI-DETACHED	NON-FIRE RESISTIVE APT	OIL TANK	RENOVATION YEAR	FULL (YY)	PARTIAL (YY)	
TOWNHOUSE		YEAR _____ <input type="checkbox"/> INSIDE <input type="checkbox"/> IN GROUND	HEATING			
ROWHOUSE	FOUNDATION	<input type="checkbox"/> OUTSIDE <input type="checkbox"/> ABOVE GROUND	ROOFING			
HIGHRISE	FOUNDATION TYPE		TYPE _____			
MOBILE HOME		FIRE PROTECTION	ELECTRICAL _____ AMPS			
DUPLEX	FINISHED BASEMENT _____ %	<input type="checkbox"/> UNPROTECTED <input type="checkbox"/> SUPERIOR SHUTTLE TANKER SERVICE	<input type="checkbox"/> BREAKERS <input type="checkbox"/> KNOB & TUBE			
MULTIPLEX		_____ M. OF HYDRANT _____ KM. OF FIREHALL	<input type="checkbox"/> FUSES <input type="checkbox"/> ALUMINUM <input type="checkbox"/> COPPER			
PRE-FABRICATED		FIREHALL NAME: _____	PLUMBING			
			COPPER _____% PLASTIC _____%			

STYLE	INTERIOR FLOOR FINISH	CEILING CONSTRUCTION	ADDITIONAL INTERIOR DETAILS
	LAMINATE _____%	_____%	WALL HEIGHT: _____ <input type="checkbox"/> FT. <input type="checkbox"/> M.
INTERIOR WALL CONSTRUCTION	CERAMIC _____%	_____%	EXPLAIN IF GREATER IN SOME AREAS: _____
	HARDWOOD _____%	_____%	NUMBER OF KITCHENS: _____ QUALITY = STANDARD OR UPGRADED
	VINYL _____%	_____%	NO. QUALITY ABOVE OR BELOW GRADE
	CARPET _____%	_____%	_____
	_____%	_____%	NUMBER OF BATHROOMS: FULL _____ HALF _____

OCCUPANT DETAILS	SWIMMING POOL	ATTACHED GARAGE? Y/N	SIZE - # OF CARS
SMOKER(S)? Y/N _____	YEAR _____		
RELATIONSHIP TO APPLICANT	<input type="checkbox"/> NONE	ATTACHED CARPORT? Y/N	SIZE - # OF CARS
DATE OF BIRTH OF ELDEST OCCUPANT (YYYY/MM/DD)	<input type="checkbox"/> INDOOR		
	<input type="checkbox"/> ABOVE GROUND		
	<input type="checkbox"/> IN GROUND		
	<input type="checkbox"/> WITH FENCE		
	<input type="checkbox"/> WITHOUT FENCE		

DETACHED OUTBUILDING(S)/OTHER STRUCTURE(S)

STRUCTURE NO.	YEAR BUILT	USE	CONSTRUCTION	HEATING TYPE	FUEL	TOTAL AREA <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.	VALUE



HABITATIONAL INSURANCE APPLICATION

OPTIONAL ADDITIONAL COVERAGE AND LIABILITY EXTENSIONS LOC # _____

16(A). LIABILITY EXPOSURES (Yes answers require liability extension coverage or remarks explaining coverage declined.)

DO YOU OWN / RENT MORE THAN ONE LOCATION?		DO YOU OWN ANY WATERCRAFT?	
NUMBER OF WEEKS LOCATION RENTED TO OTHERS?		NUMBER OF FULL TIME RESIDENCE EMPLOYEES	
NUMBER OF ROOMS RENTED TO OTHERS?		IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE?	
DAYCARE OPERATION - NUMBER OF CHILDREN		CO-OCCUPANT NAME	
DO YOU OWN A TRAMPOLINE?		IS THERE ANY KIND OF BUSINESS OPERATION?	
DO YOU HAVE A GARDEN TRACTOR?		IF YES, DESCRIBE BUSINESS	
DO YOU HAVE A GOLF CART?		NUMBER OF DOGS IN THE HOUSEHOLD	
NUMBER OF SADDLE / DRAFT ANIMALS?		BREED(S) OF DOGS	
DO YOU HAVE ANY UNLICENSED RECREATIONAL VEHICLES?		OTHER EXPOSURES	
DO YOU HAVE ANY MOTORIZED WHEEL CHAIRS?			

16(B). LIABILITY EXTENSIONS FROM PRIMARY LOCATION

CODE	LIABILITY COVERAGE DESCRIPTION	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM
					1	2	3	4	5	

PREMIUM FOR THIS SECTION \$

7. PREMIUM INFORMATION

TOTAL ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	PAYMENT PLAN	ESTIMATED INSTALLMENT AMOUNT	\$ / % ADDITIONAL CHARGES	TOTAL ESTIMATED COST
				<input type="checkbox"/> \$ <input type="checkbox"/> %	
ATTACHMENTS	DESCRIPTION	DATE COMPLETED	ATTACHMENTS	DESCRIPTION	DATE COMPLETED

7. REMARKS

FOR DISCUSSION PURPOSES ONLY

8(A). FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

• **For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

• **For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

• **For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

8(B). PERSONAL INFORMATION CONSENT

I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais. The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	

9. BROKER / AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT?	HAVE YOU BOUND THIS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS IN REMARKS		
HAVE YOU SEEN THE PRIMARY LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN	CONDITION OF PROPERTY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
BROKER / AGENT NAME (Please print)	SIGNATURE OF BROKER / AGENT	DATE

CERTIFICATE OF PROPERTY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
POSTAL CODE	POSTAL CODE

3. LOCATION OF PREMISES / DESCRIPTION OF PROPERTY TO WHICH THIS CERTIFICATE APPLIES

4. COVERAGES
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF INSURANCE (Canadian dollars unless indicated otherwise)		
				COVERAGE	DEDUCTIBLE	AMOUNT OF INSURANCE
<input type="checkbox"/> PROPERTY <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> BROAD FORM <input type="checkbox"/> CO-INSURANCE % _____ <input type="checkbox"/> STATED AMOUNT <input type="checkbox"/> MARGIN CLAUSE % _____				<input type="checkbox"/> P.O.E.D <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> BUILDING <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> STOCK <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> C.O.E.D <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL INCOME <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD <input type="checkbox"/> SEWER BACKUP		
<input type="checkbox"/> INLAND MARINE <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> BROAD FORM <input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> REPLACEMENT COST				<input type="checkbox"/> CONTRACTOR'S EQUIPMENT <input type="checkbox"/> CARGO _____ <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> BOILER & MACHINERY/ EQUIPMENT BREAKDOWN OPTION # _____						

5. ADDITIONAL INFORMATION

6. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

7. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	8. INTERESTED PARTY NAME AND MAILING ADDRESS
POSTAL CODE	POSTAL CODE

BROKER CLIENT ID: _____ NATURE OF INTEREST: _____

9. CERTIFICATE AUTHORIZATION

ISSUER	CONTACT INFORMATION
AUTHORIZED REPRESENTATIVE	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	EMAIL ADDRESS DATE