



# 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**CONTACT NUMBER(S)  
TYPE NO. TYPE NO. POSTAL CODE

BROKER CODE

CONTACT NAME

TYPE NO. TYPE NO.

PHONE NO.

FAX NO.

PREFERRED DOCUMENT LANGUAGE  ENGLISH  FRENCH

CONTRACT NUMBER

SUB-CONTRACT NUMBER

EMAIL ADDRESS

GROUP / PROGRAM NAME

GROUP ID

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  NOIF 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 \_\_\_\_\_



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PREMIUM TABLE  
TOWN ID CODE  
NO. OF ATTACHMENTS

UNDERWRITING AND COVERAGE INFORMATION LOC # \_\_\_\_\_

**7. 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

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

**9. RATING INFORMATION**

EVALUATOR PRODUCT \_\_\_\_\_ YEAR BUILT \_\_\_\_\_ # OF STOREYS \_\_\_\_\_ # OF FAMILIES \_\_\_\_\_ # OF UNITS \_\_\_\_\_ TOTAL LIVING AREA (excluding basement)  SQ. FT.  SQ. M.

SMOKER(S)? Y/N \_\_\_\_\_ DATE OF BIRTH OF ELDEST OCCUPANT (YYYY/MM/DD) \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

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

INTERIOR DETAILS	TYPE	%	TYPE	%	TYPE	%	TYPE	%
INTERIOR WALL CONSTRUCTION								
INTERIOR FLOOR FINISH								
CEILING CONSTRUCTION								

**ADDITIONAL INTERIOR DETAILS**

WALL HEIGHT: \_\_\_\_\_  FT.  M. NUMBER OF KITCHENS: \_\_\_\_\_ QUALITY = STANDARD OR UPGRADED  
 NO. QUALITY \_\_\_\_\_  
 EXPLAIN IF GREATER IN SOME AREAS: \_\_\_\_\_  
 NUMBER OF BATHROOMS: FULL \_\_\_\_\_ HALF \_\_\_\_\_

**SWIMMING POOL**

YEAR \_\_\_\_\_  ABOVE GROUND  WITH FENCE ATTACHED GARAGE? Y/N \_\_\_\_\_ SIZE - # OF CARS \_\_\_\_\_  
 INDOOR  IN GROUND  WITHOUT FENCE ATTACHED CARPORT? Y/N \_\_\_\_\_ SIZE - # OF CARS \_\_\_\_\_

**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





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## 14. 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"/> %	

## 15. ATTACHMENTS

ATTACHMENTS	DESCRIPTION	DATE COMPLETED	ATTACHMENTS	DESCRIPTION	DATE COMPLETED

## 16. REMARKS

FOR DISCUSSION PURPOSES ONLY

## 17(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.

## 17(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.

<input checked="" type="checkbox"/> SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	<input checked="" type="checkbox"/> SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
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## 18. 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
SIGNATURE OF AUTHORIZED REPRESENTATIVE	EMAIL ADDRESS		
	DATE		