



SOLID FUEL HEATING QUESTIONNAIRE

INSURANCE COMPANY				POLICY / BINDER NUMBER			
1. APPLICANT'S FULL NAME AND POSTAL ADDRESS				2. BROKERAGE/AGENCY INFORMATION			
CONTACT NUMBER(S)				BROKER CODE		CONTACT NAME	
TYPE	NO.	TYPE	NO.	PHONE NO.		FAX NO.	
TYPE	NO.	TYPE	NO.	CONTRACT NUMBER		SUB-CONTRACT NUMBER	
PREFERRED DOCUMENT LANGUAGE				GROUP / PROGRAM NAME		GROUP ID	
<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				BROKER CLIENT ID		COMPANY CLIENT ID	
EMAIL ADDRESS							
WEBSITE ADDRESS							

3. HEATING UNIT						
PRIMARY	AUXILIARY	YEAR	MAKE	MODEL	CERTIFIED? Y/N	CERTIFICATION LABEL
						<input type="checkbox"/> CSA <input type="checkbox"/> ULC
UNIT APPROVED FOR MOBILE HOME? Y/N				PHOTO REQUIRED? Y/N		<input type="checkbox"/> OTL <input type="checkbox"/> WH <input type="checkbox"/>

HEATING UNIT TYPE				FUEL	
ACORN STOVE BOX, FRANKLIN OR POT BELLY STOVE (LOOSE FITTING OR NO DOORS)		WOOD / OIL COMBINATION		NO. OF HOURS USED PER DAY	
COOKSTOVE		WOOD FURNACE		NO. OF DAYS USED PER YEAR	
FIREPLACE INSERT		WOOD FURNACE ADD ON		IF NOT WOOD, AMOUNT BURNED ANNUALLY (KG)	
FIREPLACE, ZERO CLEARANCE		WOODSTOVE, AIRTIGHT		IF WOOD, NO. OF CORDS BURNED ANNUALLY	
MASONRY FIREPLACE		WOODSTOVE, NOT AIRTIGHT		FACE CORD (16'X4'X8')	
PELLET STOVE				STANDARD BUSH CORD (4'X4'X8')	

4. UNIT INSTALLATION			
RISK ADDRESS			WHERE IS HEATING UNIT LOCATED?
INSTALLED BY		IS THE INSTALLER WETT CERTIFIED? Y/N	WETT #

5. CHIMNEY			
MASONRY CHIMNEY		METAL CHIMNEY	
TYPE		TYPE	LABELLED
MASONRY		FACTORY BUILT DOUBLE WALLED METAL CHIMNEY	CANADIAN STANDARDS ASSOCIATION
CONCRETE		OTHER	WARNOCK-HERSEY PROF. SERVICE LTD.
OTHER		YEAR	UNDERWRITER'S LABORATORIES OF CANADA
		MANUFACTURER	S629
BUILT FROM GROUND?		INSTALLED BY	OTHER
BUILT FROM FOUNDATION?		WETT CERTIFIED?	CLEARANCE TO NEAREST COMBUSTIBLES
CHIMNEY LINING		WETT #	<input type="checkbox"/> INCHES
FLUE TILE		IS CHIMNEY RATED FOR A CONTINUOUS FLUE GAS TEMPERATURE OF 650C / 1200F? Y/N	<input type="checkbox"/> CENTIMETRES
STAINLESS STEEL			
OTHER			
CLEANING		CHIMNEY INSTALLED	
TIMES PER YEAR		INSIDE BUILDING	DOES UNIT SHARE A CHIMNEY FLUE? Y/N
BY WHOM		OUTSIDE BUILDING IN INSULATED ENCLOSURE	PROVIDE DETAILS:
DATE OF LAST		OUTSIDE BUILDING	

6. REMARKS	

SOLID FUEL HEATING QUESTIONNAIRE

7. CLEARANCES

IMPORTANT

THE ACTUAL CLEARANCE IS WHAT YOU MEASURE, WHEREAS THE REQUIRED DISTANCE IS THAT SPECIFIED IN THE OWNER'S MANUAL OR ON THE LABEL ATTACHED TO THE HEATING UNIT. THE MEASUREMENTS ARE IN

INCHES OR CENTIMETRES

IS THERE A THIMBLE WHERE THE PIPE PASSES THROUGH WALL? YES NO

TOTAL LENGTH OF ALL STOVE PIPE (INCLUDING ELBOWS) _____

NUMBER OF ELBOWS IN STOVE PIPE? _____

CONSTRUCTION OF STOVE PIPE

- DOUBLE WALLED
- SINGLE WALLED (INCLUDING BLACK STEEL)
- GALVANIZED
- OTHER (SPECIFY) _____

CONSTRUCTION OF SIDEWALL _____

BACKWALL _____

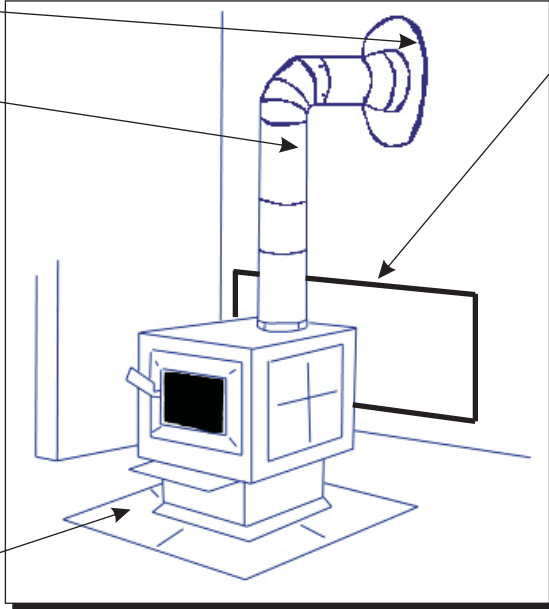
CEILING _____

DOES THE STOVE PIPE PASS THROUGH A CONCEALED SPACE/WALL? YES NO

DESCRIBE _____

IS THERE A NON-COMBUSTIBLE PAD? YES NO

SHORTEST DISTANCE OF UNIT TO FURNITURE, FUEL OR OTHER COMBUSTIBLE MATERIAL _____



* SEE IMPORTANT MESSAGE ABOVE

ACTUAL REQUIRED

		ACTUAL	REQUIRED
SHIELD DISTANCE	WALL TO SHIELD		
	TOP OF STOVE TO TOP OF SHIELD		
	HEAT SHIELD TO FLOOR		
SHORTEST DISTANCE OF STOVE TO	BOTTOM OF STOVE TO FLOOR		
	BACKWALL		
	SIDEWALL		
	CORNER		
SHORTEST DISTANCE OF STOVE PIPE TO	CEILING		
	BACKWALL		
	SIDEWALL		
SHORTEST DISTANCE FROM HEATING UNIT TO EDGE OF FLOOR PAD IN	CEILING		
	FRONT		
	LEFT		
	RIGHT		
	BACK		

TYPE OF SHIELDING:

- SHEET METAL - PERMANENTLY INSTALLED? YES NO
- CERAMIC TILE
- BRICK
- CONCRETE
- OTHER _____

ARE THE WALL SPACERS NON-COMBUSTIBLE? YES NO

IS THERE AN AIR SPACE AT TOP AND BOTTOM? YES NO

8. LOSS PREVENTION

ASHES DISPOSED OF IN A METAL CONTAINER? Y/N	HOW FAR IS THE FUEL STORED FROM UNIT? <input type="checkbox"/> FEET <input type="checkbox"/> METRES
METAL CONTAINER STORED: <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	SMOKE DETECTOR ON THE SAME FLOOR AS UNIT? Y/N
METAL CONTAINER EQUIPPED WITH A METAL LID? Y/N	FIRE EXTINGUISHER IN THE AREA OF THE UNIT? Y/N
ASH CONTAINER PLACED ON A NON-FLAMMABLE SURFACE? Y/N	CARBON MONOXIDE DETECTOR IN THE BUILDING? Y/N
SINCE THE INSTALLATION, INCLUDING CHIMNEY, HAS UNIT BEEN INSPECTED BY SOMEONE WHO IS WETT CERTIFIED? Y/N	IF YES, PROVIDE WETT#
ANY MODIFICATIONS BEEN MADE TO THE HEATING UNIT OR CHIMNEY SINCE INSTALLED OR INSPECTED? Y/N	EXPLAIN MODIFICATION:
HAS THERE BEEN A PREVIOUS CHIMNEY FIRE? Y/N	CAUSE OF FIRE:

9. REMARKS

10. COMPLETED BY

PRINT NAME _____ SIGNATURE _____ DATE _____



PERSONAL LINES UMBRELLA INSURANCE APPLICATION

BILLING

 BROKER/AGENT COMPANY

INSURANCE COMPANY

 QUOTE NEW RENEWALPOLICY /
BINDER NUMBER**1. APPLICANT'S FULL NAME AND POSTAL ADDRESS****2. BROKERAGE/AGENCY INFORMATION**

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

3. POLICY PERIODEFFECTIVE 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. UNDERWRITING QUESTIONS (If yes to any of the following questions, please provide details in remarks.)

- 1) HAS ANY INSURANCE COMPANY DECLINED, CANCELLED, OR REFUSED ANY FORM OF INSURANCE IN THE PAST 6 YEARS? YES NO
- 2) DO ANY OF THE UNDERLYING POLICIES HAVE ANY COVERAGE RESTRICTIONS ADDED TO THE STANDARD WORDINGS? YES NO
- 3) DOES ANY DRIVER OF THE AUTOMOBILES HAVE A MAJOR OR SERIOUS (PRIOR 6 YEARS) DRIVING CONVICTION OR MORE THAN ONE MINOR CONVICTION IN PAST 3 YEARS? YES NO
- 4) HAS ANY DRIVER OF THE AUTOMOBILES HAD THEIR LICENCE SUSPENDED OR CANCELLED IN THE LAST 6 YEARS? YES NO
- 5) ARE THERE ANY OWNED PROPERTIES, AUTOMOBILES, WATERCRAFT OR RECREATIONAL VEHICLES NOT COVERED BY ANY OF THE LISTED UNDERLYING POLICIES? YES NO
- 6) DOES ANY MEMBER OF THE HOUSEHOLD OWN AN AIRCRAFT? YES NO
- 7) DO ANY MEMBERS OF THE HOUSEHOLD SERVE ON A BOARD OF DIRECTORS? YES NO
- 8) DO ANY OF THE PREMISES CONTAIN AN OFFICE OR BUSINESS OPERATION? HOME BUSINESS TYPE _____ YES NO
- 9) DOES ANY APPLICANT OWN AUTOMOBILES, PROPERTY OR WATERCRAFT THAT ARE LOCATED OUTSIDE OF CANADA? COUNTRY _____ YES NO
- 10) DOES ANY APPLICANT OWN AUTOMOBILES OR WATERCRAFT THAT ARE OPERATED OUTSIDE OF CANADA? DURATION _____ YES NO

6. OPERATOR INFORMATION (All operators of automobiles, watercraft or recreational vehicles)

OPERATOR #	NAME	LICENCE NUMBER	LICENCE TYPE	DATE OF BIRTH	DATE LICENSED

7. LIABILITY LOSS HISTORY

- 1) HAVE ANY OF THE APPLICANTS OR RESIDENTS OF THE HOUSEHOLD EXPERIENCED ANY LOSS WHICH HAS BEEN PAID IN AN AMOUNT OF \$5,000 OR MORE? YES NO
- 2) HAVE ANY OF THE APPLICANTS OR RESIDENTS OF THE HOUSEHOLD BEEN SUED FOR LIBEL OR SLANDER? YES NO
- 3) HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT OR ANY RESIDENT OF THE HOUSEHOLD IN THE PAST 5 YEARS? YES NO

DATE OF LOSS	LOCATION #	OPERATOR #	CAUSE	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY	POLICY NUMBER



PERSONAL LINES UMBRELLA INSURANCE APPLICATION

8. UMBRELLA LIABILITY LIMIT REQUIRED (In excess of underlying insurance)

\$1,000,000 (minimum)
 \$2,000,000
 \$3,000,000
 \$4,000,000
 \$5,000,000

BASE PREMIUM \$ _____

9. AUTOMOBILE INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	INCL. SEF/OPCF 44 END'T (Y/N)	ADDITIONAL PREMIUM

10. HABITATIONAL INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	ADDITIONAL PREMIUM

11. TRAVEL TRAILER INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	ADDITIONAL PREMIUM

12. WATERCRAFT INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	LENGTH <input type="checkbox"/> FT <input type="checkbox"/> M	HORSE POWER	MAXIMUM SPEED IN (MPH)	ADDITIONAL PREMIUM



CERTIFICATE OF LIABILITY 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. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

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.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION				COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE		
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY		
				OR		
				<input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		
				TENANTS LEGAL LIABILITY		
				NON OWNED AUTOMOBILE		
				POLLUTION LIABILITY EXTENSION		
				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

5. 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.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS **7. ADDITIONAL INSURED NAME AND MAILING ADDRESS** (but only with respect to the operations of the Named Insured)

		POSTAL CODE	POSTAL CODE

BROKER CLIENT ID: _____

8. CERTIFICATE AUTHORIZATION

ISSUER	CONTACT NUMBER(S)			
AUTHORIZED REPRESENTATIVE	TYPE	NO.	TYPE	NO.
	TYPE	NO.	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	EMAIL ADDRESS		



PAYMENT AUTHORIZATION AND PRE-AUTHORIZED DEBIT AGREEMENT

 NEW REQUEST
 CHANGE OF EXISTING INFORMATION

INSURANCE COMPANY NAME AND POSTAL ADDRESS	POLICY NUMBER
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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	
PREFERRED DOCUMENT LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				PHONE NO.		FAX NO.	
EMAIL ADDRESS				CONTRACT NUMBER		SUB-CONTRACT NUMBER	
WEBSITE ADDRESS				GROUP / PROGRAM NAME		GROUP ID	
				BROKER CLIENT ID		COMPANY CLIENT ID	

3. POLICY PREMIUM DATA				
TOTAL ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	INSTALLMENT FEE	% (optional)	TOTAL ESTIMATED COST

4. METHOD OF PAYMENT SINGLE PAYMENT PAYMENT PLAN PLAN TYPE _____

5(A). CREDIT CARD INFORMATION - All credit cards listed below and/or credit card payment options may not be supported by the insurance company. Please refer to your broker and/or company.

<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DINERS CLUB	CARD NUMBER	EXPIRY DATE
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	_____	_____
<input type="checkbox"/> VISA	<input type="checkbox"/> _____	NAME AS SHOWN ON CREDIT CARD	CARDHOLDER'S SIGNATURE (if different from authorized signature below)
YOUR PREMIUM WILL BE CHARGED TO YOUR CREDIT CARD AND WILL APPEAR ON YOUR STATEMENT AS _____		<input type="checkbox"/> FOR DOWNPAYMENT ONLY	

5(B). BANK ACCOUNT INFORMATION (NAME AND POSTAL ADDRESS)

FINANCIAL INSTITUTION	ACCOUNT HOLDER				
ACCOUNT INFORMATION (Account must provide chequing privileges)	TRANSIT NUMBER	INSTITUTION NUMBER	ACCOUNT NUMBER	POSTAL CODE	POSTAL CODE
	_____	_____	_____	_____	_____

ATTACH VOID CHEQUE

ACCOUNT HOLDER'S SIGNATURE (if different from authorized signature below)	ACCOUNT HOLDER'S SIGNATURE (if different from authorized signature below)	DATE

6. PAYMENT DETAILS

DOWNPAYMENT AMOUNT (if applicable) \$ _____	INSURANCE COMPANY ADDITIONAL CHARGES \$ _____ OR _____%	TYPE OF CHARGES _____
<input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS	BROKER ADDITIONAL CHARGES \$ _____ OR _____%	TYPE OF CHARGES _____
FULL PAYMENT AMOUNT \$ _____	INSTALLMENT AMOUNT (Estimated amount) \$ _____	NEXT PAYMENT DATE (PREFERRED WITHDRAWAL DATE) (If date is not applicable, payment will be defaulted to Insurer's closest standard withdrawal date)

7. CONSENT AND DISCLOSURE

MY / OUR SIGNATURE CONFIRMS THAT:

- I/We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my/our financial institution account and/or my/our credit card.
- I/We hereby authorize the named financial institution above to debit my/our account for all payments payable to: _____ in payment of the insurance premiums and any applicable charges and taxes.
- I/We understand that this authorization may be cancelled by me/us upon written notice, subject to a period which shall not exceed 30 days. The payor(s) may obtain a sample cancellation form, or further information on their right to cancel a payment authorization agreement, at their financial institution or by visiting www.cdnpay.ca.
- I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this payment authorization agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.
- I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization.
- If there is a change in premium due to a change in coverage or upon renewal, the amount of the monthly withdrawal will automatically be changed.
- I/We will ensure that funds are available on each due date and understand that Non-Sufficient Funds transactions may result in one or all of the following:
 - A second presentation or attempt to withdraw funds
 - A second withdrawal notice
 - Cancellation of my/our policy

By placing my/our initial(s) in the field(s) provided, I/we confirm that I/we have read the above statements and understand these terms and conditions.

	INITIAL	INITIAL
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PAYMENT AUTHORIZATION AND PRE-AUTHORIZED DEBIT AGREEMENT

INSURANCE COMPANY NAME AND POSTAL ADDRESS

POLICY NUMBER

7. CONSENT AND DISCLOSURE (continued)

- 8) I/We have received a copy of this authorization and have read and understand these terms and conditions.
- 9) I/We acknowledge that the Canadian Payments Association Rule H1 concerns only pre-authorized debits, not recurring charges to credit cards.
- 10) For pre-authorized debits, only the insured shall receive written notice from the Insurer of the amount to be debited and the due date, at least 15 calendar days prior to the date of the first payment, or any change in the amount or date of the payment. **If I am/we are account holder/holders but not the insured, I/we hereby agree to waive any notice of the amount to be debited and the date of such debiting, and any change in the amount or the change to such date.**
- 11) The account that my/our financial institution is authorized to draw upon is indicated above. A specimen cheque has been marked "void" and attached to this authorization.
- 12) I/We undertake to inform my/our Insurer, in writing, of any change in the account information provided in this authorization 10 days prior to the next payment due date.
- 13) I/We acknowledge that my/our Insurer is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.
- 14) I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently.
- 15) I/We authorize my/our Insurer to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payment of my/our insurance premiums. I/We authorize my/our Insurer to disclose any personal information contained in this authorization form to its financial institution to the extent disclosure is directly related to and necessary for the proper execution of the pre-authorized debit transaction for the policy number noted above.
- 16) I/We may obtain a copy of or ask questions about my/our broker's and the Insurer's personal information policies by contacting their respective privacy officers.
- 17) I/We may withdraw my/our consent to collect, use or disclose my/our personal information for the purpose of this authorization for automatic withdrawals for payment of my/our insurance premiums. Withdrawal of my/our consent will result in cancellation of this authorization for automatic withdrawals for payment of my/our insurance premiums, in which case I/we must make other arrangements for payment of my/our insurance premiums.
- 18) **I/We understand that the terms and conditions may vary between insurance companies.**

Please note that a transaction fee may apply to any "Dishonoured Funds".

AUTHORIZED / INSURED'S SIGNATURE

DATE

AUTHORIZED / INSURED'S SIGNATURE

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	DED.	AMOUNT OF INSURANCE
<input type="checkbox"/> PROPERTY <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> BROAD FORM <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD <input type="checkbox"/> SEWER BACKUP <input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> REPLACEMENT COST <input type="checkbox"/> CO-INSURANCE <input type="checkbox"/> % _____ <input type="checkbox"/> STATED AMOUNT <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> BUILDING <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> STOCK <input type="checkbox"/> P.O.E.D <input type="checkbox"/> C.O.E.D <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"/>				<input type="checkbox"/> CONTRACTOR'S EQUIPMENT <input type="checkbox"/> CARGO <input type="checkbox"/> TOOLS <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> CRIME <input type="checkbox"/> FIDELITY <input type="checkbox"/> COMPREHENSIVE 3D <input type="checkbox"/> IN/OUT ROBBERY						
<input type="checkbox"/> BOILER & MACHINERY/ EQUIPMENT BREAKDOWN <input type="checkbox"/> OPTION 1 <input type="checkbox"/> OPTION 2 <input type="checkbox"/> OPTION 3 <input type="checkbox"/>						

5. 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.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. LOSS PAYEE NAME AND MAILING ADDRESS
POSTAL CODE	POSTAL CODE

BROKER CLIENT ID: _____

8. CERTIFICATE AUTHORIZATION

ISSUER	CONTACT NUMBER(S)		TYPE	NO.
AUTHORIZED REPRESENTATIVE	TYPE	NO.	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	EMAIL ADDRESS		