



FARM 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

TYPE

NO.

NO.

BROKER CODE

PHONE NO.

CONTACT NAME

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 DATALEGAL ENTITY INDIVIDUAL JOINT VENTURE CORPORATION

PRINCIPAL(S) NAME(S)

DESCRIPTION OF OPERATIONS

BUSINESS START DATE

RELATED PRIOR EXPERIENCE:
NUMBER OF YEARS

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 HISTORYFIRST 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 _____

NAME OF PREVIOUS INSURANCE COMPANY _____

POLICY NUMBER _____ EXPIRY DATE _____ SINCE WHAT DATE HAS THE APPLICANT HAD PROPERTY INSURANCE WITH ANY INSURANCE COMPANY? _____

6(B). CROSS REFERENCE INFORMATION

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

7. PREMIUM INFORMATION

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

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
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9. BROKER / AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? YES NO SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT? HAVE YOU BOUND THIS RISK? YES NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? YES NO IF YES, PROVIDE DETAILS IN REMARKS

HAVE YOU SEEN THIS PROPERTY? YES NO IF YES, WHEN CONDITION OF PROPERTY GOOD FAIR POOR

BROKER / AGENT NAME (Please print)	SIGNATURE OF BROKER / AGENT	DATE
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HABITATIONAL INSURANCE APPLICATION

PREMIUM TABLE
TOWN ID CODE
NO. OF ATTACHMENTS

UNDERWRITING AND COVERAGE INFORMATION LOC # _____

13. RISK ADDRESS SAME AS POSTAL ADDRESS

14. MORTGAGEE / LOSS PAYEE(S)	NATURE OF INTEREST

15. RATING INFORMATION

YEAR BUILT	# OF STOREYS	# OF FAMILIES	# OF UNITS	TOTAL LIVING AREA (excluding basement)	<input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.		
OCCUPANCY	CONSTRUCTION	HEATING	SECURITY SYSTEM	Y/N	LOCAL	MONITORED	
PRIMARY	BRICK	PRIMARY HEATING APPARATUS	FIRE				
SECONDARY	CEMENT	FUEL	BURGLAR				
SEASONAL	FRAME	LOCATION	SMOKE DETECTORS				
RENTAL	ALUMINUM	AUXILIARY HEATING APPARATUS	DETECTOR TYPE	NO:			
RENTAL (TO 3RD PARTY)	MASONRY	FUEL	MONITORED BY				
VACANT	STONE	LOCATION	ALARM CERTIFICATE ATTACHED				
UNOCCUPIED	STUCCO	NO. OF FACE CORDS PER YEAR	SPRINKLER				
UNDER CONSTRUCTION	FIRE RESISTIVE	HEATING UNIT PROFESSIONAL INSTALLATION	SECURITY TYPE				
	STEEL	HEATING UNIT ULC, CSA, OR WH APPROVED					
STRUCTURE TYPE	MASONRY VENEER	RADIANT HEATING AREA SQ.M. _____					
DETACHED	BRICK VENEER	MAKE _____ YEAR _____					
SEMI-DETACHED	NON-FIRE RESISTIVE APT	OIL TANK	RENOVATION YEAR	FULL (YY)	PARTIAL (YY)		
TOWNHOUSE		YEAR _____	HEATING				
ROWHOUSE	FIRE PROTECTION	<input type="checkbox"/> OIL TANK LOCATION OUTSIDE <input type="checkbox"/> OIL TANK LOCATION INSIDE <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND	ROOFING				
HIGHRISE	UNPROTECTED		TYPE _____				
MOBILE HOME	_____ M. OF HYDRANT		ELECTRICAL _____ AMPS				
DUPLEX	_____ KM. OF FIREHALL		<input type="checkbox"/> BREAKERS <input type="checkbox"/> FUSES <input type="checkbox"/> KNOB & TUBE <input type="checkbox"/> ALUMINUM <input type="checkbox"/> COPPER				
MULTIPLEX	NAME: _____						
PRE-FABRICATED		EVALUATOR PRODUCT					
	SWIMMING POOL	ATTACHMENTS	DESCRIPTION	DATE COMPLETED			
	YEAR _____						
OCCUPANT DETAILS	<input type="checkbox"/> NONE <input type="checkbox"/> INDOOR <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> WITH FENCE <input type="checkbox"/> WITHOUT FENCE						
RELATIONSHIP TO APPLICANT							
						PLUMBING _____ COPPER _____% PLASTIC _____% _____%	

16. COVERAGE: FORMS, LIMITS & DEDUCTIBLES

PACKAGE FORM AND TYPE					RATING PLAN	DED. \$	DED. TYPE
DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED BASE PREMIUM
\$	\$	\$	\$	\$	\$	\$	\$

17. REMARKS

TOTAL ESTIMATED PREMIUM THIS PAGE \$



FARM STRUCTURES AND CONTENTS SUPPLEMENT

POLICY NUMBER

FORM TYPE

EARNINGS PROFITS
CO-INSURANCE EXTRA EXPENSES
ACTUAL LOSS SUSTAINED

ATTACHED TO AND FORMING PART OF FARM INSURANCE APPLICATION

2. ADDITIONAL INTEREST(S)

LOC #	BLDG #	ITEM #	NAME	ADDRESS	INTEREST RANK	NATURE OF INTEREST

3. BUSINESS INTERRUPTION

LOC #	BLDG #	ITEM #	FORM TYPE	AMOUNT OF INSURANCE	CO INSURANCE (%)	DEDUCTIBLE	DEDUCTIBLE TYPE	RATE	PREMIUM

4. OTHER COVERAGES

LOC #	BLDG #	ITEM #	COVERAGE	AMOUNT OF INSURANCE	CO INSURANCE (%)	DEDUCTIBLE	DEDUCTIBLE TYPE	RATE	PREMIUM

TOTAL ESTIMATED PREMIUM \$

SHOW ALL BUILDINGS, THEIR DIMENSIONS AND OCCUPANCY (INSURED OR NOT) WITH DISTANCE BETWEEN EACH BUILDING. SHOW FUEL STORAGE LOCATION.

NORTH





FARM LIVESTOCK SUPPLEMENT - CONFINED

POLICY NUMBER

COV - COVERAGE CODES:
 BF - BROAD FORM NP - NAMED PERILS
 BNP - BROAD NAMED PERILS O - OTHER
 F - FIRE
 B/S: B - BLANKET, S - SCHEDULED

ATTACHED TO AND FORMING PART OF FARM INSURANCE APPLICATION

1(A). LIVESTOCK DESCRIPTION										1(B). COVERAGE AND PREMIUM							
LOC #	BLDG #	CLASS	ITEM #	ITEM / DESCRIPTION / TYPE	VALUE IN	VALUE OUT	NO. OF WEEKS	ALARM TYPE	GENERATOR AUTOMATIC MANUAL	COVERAGE CODE	B / S	POED Y/N	AMOUNT OF INSURANCE	DEDUCTIBLE AMOUNT	TYPE	RATE	PREMIUM

2. LIVESTOCK OPTIONAL EXTENSIONS														
LOC #	BLDG #	CLASS	ITEM #	MIN. LOSS CLAUSE Y/N	LOADING UNLOADING RATE	CONSEQUENTIAL LOSS RATE	ENTRAPMENT RATE	ATTACK BY WILD ANIMAL RATE	LIMITED MORTALITY RATE	HEAT PROSTRATION RATE	ELECTRICAL POWER INTERRUPTION RATE	ILLNESS/DISEASE RATE	OTHER RATE	PREMIUM

TOTAL ESTIMATED PREMIUM \$

3. ADDITIONAL INTEREST(S)							
LOC #	BLDG #	CLASS	ITEM #	NAME	ADDRESS	INTEREST RANK	NATURE OF INTEREST



FARM LIVESTOCK SUPPLEMENT - NON CONFINED

POLICY NUMBER

COV - COVERAGE CODES:
 BF - BROAD FORM NP - NAMED PERILS
 BNP - BROAD NAMED PERILS O - OTHER
 F - FIRE
 B/S: B - BLANKET, S - SCHEDULED

ATTACHED TO AND FORMING PART OF FARM INSURANCE APPLICATION

1(A). LIVESTOCK DESCRIPTION										1(B). COVERAGE AND PREMIUM							
LOC #	CLASS	ITEM #	ITEM / DESCRIPTION / TYPE			MONTHLY REPORTING Y/N	REGISTERED Y/N	YEAR OF BIRTH	NO. OF ANIMALS	VALUE PER ANIMAL MAXIMUM AVERAGE	COVERAGE CODE B / S	POED Y/N	AMOUNT OF INSURANCE	DEDUCTIBLE AMOUNT	TYPE	RATE	PREMIUM

2. LIVESTOCK OPTIONAL EXTENSIONS													
LOC #	CLASS	ITEM #	MIN. LOSS CLAUSE Y/N	LOADING UNLOADING RATE	CONSEQUENTIAL LOSS RATE	ENTRAPMENT RATE	ATTACK BY WILD ANIMAL RATE	LIMITED MORTALITY RATE	ACCIDENT RATE	ILLNESS / DISEASE RATE	ANIMAL BIRTH RATE	OTHER RATE	PREMIUM

TOTAL ESTIMATED PREMIUM \$

3. ADDITIONAL INTEREST(S)						
LOC #	CLASS	ITEM #	NAME	ADDRESS	INTEREST RANK	NATURE OF INTEREST

