



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.

BROKER CODE

CONTACT NAME

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 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 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

9. BROKER / AGENT QUESTIONNAIREIS THIS BUSINESS NEW TO YOUR OFFICE? YES NO SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT? HAVE YOU BOUND THIS RISK? YES NOARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? YES NO IF YES, PROVIDE DETAILS IN REMARKSHAVE YOU SEEN THIS PROPERTY? YES NO IF YES, WHEN CONDITION OF PROPERTY GOOD FAIR POOR

BROKER / AGENT NAME SIGNATURE OF BROKER / AGENT DATE



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: _____	EVALUATOR PRODUCT		PLUMBING			
PRE-FABRICATED				COPPER _____% PLASTIC _____% _____%			
	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							

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 \$



LIABILITY SECTION

LIMITED POLLUTION LIABILITY LIMIT \$ _____
 AGGREGATE LIMIT \$ _____
 PROPERTY DAMAGE DEDUCTIBLE \$ _____

23. FARMERS LIMITED POLLUTION LIABILITY

	YES	NO		YES	NO
DO YOU APPLY PESTICIDES, INSECTICIDES, CHEMICAL FERTILIZERS, OR HERBICIDES AWAY FROM THE PREMISES YOU OWN, RENT OR LEASE? (OTHER THAN A NEIGHBOURLY EXCHANGE OF LABOUR)	<input type="checkbox"/>	<input type="checkbox"/>	ARE THERE ANY GOVERNMENT STATUTES, STANDARDS, OR REGULATIONS (FEDERAL, PROVINCIAL, MUNICIPAL) FOR THE PROTECTION OF THE ENVIRONMENT WITH WHICH TO YOUR KNOWLEDGE YOU DO NOT COMPLY?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU PROCESS OR SELL ANY CHEMICALS (FERTILIZERS, PESTICIDES, ETC.) OR STORE CHEMICALS FOR OTHER THAN YOUR OWN USE?	<input type="checkbox"/>	<input type="checkbox"/>	CLAIM OR LOSS EXPERIENCE: HAVE THERE BEEN ANY POLLUTION OR ENVIRONMENTAL OCCURRENCES IN THE PAST FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU PERFORM ANY PROCESSING OPERATIONS INVOLVING CHEMICALS OTHER THAN FOR YOUR OWN USE?	<input type="checkbox"/>	<input type="checkbox"/>	DO YOU HAVE STORAGE TANKS WITH MORE THAN 500 GALLON CAPACITY? (IF YES, COMPLETE TANK DATA SUPPLEMENT)	<input type="checkbox"/>	<input type="checkbox"/>
DO GROSS RECEIPTS FROM CUSTOM FARMING EXCEED YOUR OTHER FARMING INCOME?	<input type="checkbox"/>	<input type="checkbox"/>	HAS ANY POLLUTION LIABILITY COVERAGE BEEN DECLINED IN THE PAST, OR DO YOU HAVE ANY COVERAGE CURRENTLY IN EFFECT?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU EVER USE OR STORE POLYCHLORINATED BIPHENYLS (PCB'S)? (OTHER THAN THOSE IN HYDRO TRANSFORMERS IN CURRENT USE)?	<input type="checkbox"/>	<input type="checkbox"/>	ARE THERE ANY CREEKS, RIVERS, OR OTHER BODIES OF WATER ON THE PREMISES YOU OWN, RENT, LEASE, OR DO WORK ON?	<input type="checkbox"/>	<input type="checkbox"/>

24. TANK DATA SUPPLEMENT

INFORMATION IS REQUIRED ON ALL TANKS

	YES	NO		YES	NO
1) IS THERE A WRITTEN TANK FILLING PROCEDURE CONTAINING INFORMATION TO PREVENT SPILLS OR OVERFLOWS?	<input type="checkbox"/>	<input type="checkbox"/>	2) IS THERE A WRITTEN EMERGENCY PROCEDURE OUTLINING ACTIONS TO BE TAKEN IN THE EVENT OF A TANK SPILL OR OVERFLOW?	<input type="checkbox"/>	<input type="checkbox"/>

LOC. #	TANK #	PRODUCT STORED	CAPACITY	ABOVE OR BELOW GROUND	INDOORS OR OUTDOORS	CONSTRUCTION	YEAR BUILT	HIGH LEVEL ALARM	
								YES	NO

DIAGRAM

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

NORTH





FARM PREMIUM SUMMARY SUPPLEMENT

POLICY NUMBER

DATE

ATTACHED TO AND FORMING PART OF FARM INSURANCE APPLICATIONINSURANCE
COMPANY

INSURED

BROKER
/AGENT

BROKER/AGENT CLIENT ID#

1. RISK ADDRESS**2. PREMIUM SUMMARY****PREMIUMS SHOWN FOR COVERAGES SELECTED****PREMIUM**

HABITATIONAL BASE PREMIUM (REFER TO PAGE 3, SECTION 16 OF FARM APPLICATION)

HABITATIONAL ADDITIONAL COVERAGE (REFER TO PAGE 4, SECTION 18 OF FARM APPLICATION)

HABITATIONAL LIABILITY EXTENSION FROM PRIMARY LOCATION (REFER TO PAGE 4, SECTION 19(B) OF FARM APPLICATION)

PERSONAL ARTICLES SUPPLEMENT

WATERCRAFT AND TRAILERS SUPPLEMENT

MOBILE HOME SUPPLEMENT

VACATION TRAILER SUPPLEMENT

FARM LIABILITY (REFER TO PAGE 5, SECTION 21 OF FARM APPLICATION)

FARM EXPOSURES & HAZARDS (REFER TO PAGE 6, SECTION 22 OF FARM APPLICATION)

FARM STRUCTURES AND CONTENTS SUPPLEMENT

BUSINESS INTERRUPTION AND ADDITIONAL COVERAGES (REFER TO PAGE 2 OF FARM STRUCTURES AND CONTENTS SUPPLEMENT)

FARM MACHINERY, EQUIPMENT, TACK, TOOLS, MISC. SUPPLEMENT

FARM CHEMICALS & FERTILIZERS, FEED, GRAIN AND PRODUCE SUPPLEMENT

FARM LIVESTOCK SUPPLEMENT - CONFINED

FARM LIVESTOCK SUPPLEMENT - NON CONFINED

OTHER (SPECIFY)

ESTIMATED TOTAL

LESS DISCOUNTS

PLUS SURCHARGES

ESTIMATED POLICY PREMIUM

ARE YOU EXEMPT FROM:

 GST PST RST HST**3. REMARKS**