



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 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. LOSS HISTORYCLAIMS 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 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 _____



HABITATIONAL INSURANCE APPLICATION

PREMIUM TABLE
TOWN ID CODE
NO. OF ATTACHMENTS

UNDERWRITING INFORMATION LOC # _____

7. RISK ADDRESS SAME AS POSTAL ADDRESS

ACCESS: EASY ACCESS ROAD DIFFICULT ACCESS ROAD ISLAND ISOLATED RURAL OTHER _____

8. MORTGAGEE / LOSS PAYEE(S)

NATURE OF INTEREST

9. RATING INFORMATION

REPLACEMENT COST EVALUATOR PRODUCT YEAR BUILT # OF STOREYS # OF FAMILIES # OF UNITS TOTAL LIVING AREA (excluding basement) SQ. FT. SQ. M.
DATE EVALUATION COMPLETED (YYYY/MM/DD) SMOKER(S)? Y/N DATE OF BIRTH OF ELDEST OCCUPANT (YYYY/MM/DD) RELATIONSHIP TO APPLICANT

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

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

ADDITIONAL INTERIOR DETAILS

WALL HEIGHT FT. M. %

NUMBER OF KITCHENS: _____

NUMBER OF BATHROOMS: FULL _____

NO. QUALITY HALF _____

_____ BUILDER'S GRADE CUSTOM _____

_____ BUILDER'S GRADE CUSTOM _____

SWIMMING POOL	GARAGE / CARPORT
YEAR _____ <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> WITH FENCE	ATTACHED GARAGE? Y/N
<input type="checkbox"/> INDOOR <input type="checkbox"/> IN GROUND <input type="checkbox"/> WITHOUT FENCE	SIZE - # OF CARS
	<input type="checkbox"/> BUILT IN <input type="checkbox"/> BASEMENT
	ATTACHED CARPORT? Y/N
	SIZE - # OF CARS

DETACHED OUTBUILDING(S)/OTHER STRUCTURE(S) (Additional limits required or any heated outbuildings)

STRUCTURE NO.	YEAR BUILT	STRUCTURE TYPE	EXTERIOR WALL FRAMING	HEATING APPARATUS	FUEL	TOTAL AREA <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.	VALUE (Included in detached private structure limit)

