



HABITATIONAL INSURANCE APPLICATION

BILLING COMPANY BROKER/AGENT

INSURANCE COMPANY

 QUOTE NEW RENEWALPOLICY /
BINDER NUMBER**1. APPLICANT'S FULL NAME AND POSTAL ADDRESS****2. BROKER'S NAME AND POSTAL ADDRESS**CONTACT NUMBER
HOME CELL
BUSINESS FAXPOSTAL
CODECONTACT NUMBER
HOME CELL
BUSINESS FAXPOSTAL
CODEPREFERRED LANGUAGE ENGLISH FRENCH

BROKER CONTRACT NUMBER

BROKER 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**

LEGAL ENTITY

CO-INSURED NAME

OCCUPATION

OCCUPATION

YEARS CONTINUOUSLY EMPLOYED

DATE OF BIRTH

YEARS CONTINUOUSLY EMPLOYED

DATE OF BIRTH

EMPLOYER

EMPLOYER

OCCUPANCY DATE

IF OCCUPANCY DATE IS LESS THEN 3 YEARS, PROVIDE PREVIOUS ADDRESS

POSTAL
CODE**5. LOSS HISTORY OF APPLICANT(S)**HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT(S) OR OTHER MEMBERS OF THE APPLICANT'S HOUSEHOLD IN THE PAST 5 YEARS? YES NO IF YES, PROVIDE
DETAILS IN REMARKS

DATE	LOC. #	CAUSE	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY	POLICY NUMBER/CLAIM NUMBER

6. POLICY HISTORYFIRST TIME INSURED

WITHIN THE PAST 5 YEARS HAS ANY INSURANCE COMPANY:

 CANCELLED DECLINED REFUSED TO RENEW OR ISSUE INSURANCENAME OF PREVIOUS
INSURANCE COMPANY

REASON

POLICY NUMBER

EXPIRY DATE

LIST POLICY NUMBERS OF OTHER INSURANCE WITH THIS COMPANY

POLICY POLICY POLICY POLICY
TYPE NUMBER TYPE NUMBERSINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH
ANY INSURANCE COMPANY?**7. PREMIUM INFORMATION**

TOTAL ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	INSTALLMENT AMOUNT	\$ / % ADDITIONAL CHARGES	TOTAL ESTIMATED COST

8. CONSENT & DISCLOSURE

Where (a) an Applicant for this contract gives false particulars to the prejudice of the Insurance Company or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company'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, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

9(A). REMARKS**9(B). BROKER QUESTIONNAIRE**IS 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, WHENCONDITION OF PROPERTY GOOD FAIR POORBROKER NAME
(Please print)

SIGNATURE OF BROKER

DATE

HABITATIONAL INSURANCE APPLICATION

OPTIONAL ADDITIONAL COVERAGE AND LIABILITY EXTENSIONS RISK # _____

15. ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)

CODE	COVERAGE DESCRIPTION	Y	N	LIMIT #1	DEDUCTIBLE	DEDUCTIBLE TYPE	OPTION TYPE	PREMIUM
GUARR	GUARANTEED REPLACEMENT COST-BUILDING							
GRCE	REPLACEMENT COST ON CONTENTS							
ARAP	CONDOMINIUM ADDITIONAL PROTECTION ENDORSEMENT							
HSL	HOMEOWNER'S SINGLE LIMIT							
SEWER	SEWER BACK-UP							
EVAC	MASS EVACUATION							
RENT	RENTAL INCOME							
CCARD	CREDIT CARD							
DEBRI	DEBRIS REMOVAL							
FREEZ	HOME FREEZER							
GLDED	GLASS DEDUCTIBLE							
GLABR	GLASS BREAKAGE							
BYLAW	BYLAWS ENDORSEMENT							

16. ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)

CODE	COVERAGE DESCRIPTION	Y	N	LIMIT #1	DED #1	DED TYPE #1	DEDUCTIBLE APPLIES #1	DED #2	DED TYPE #2	DEDUCTIBLE APPLIES #2	TYPE OF					PREMIUM	
											1	2	3	4	5		
ERQK	EARTHQUAKE																
ERQKF	POST-EARTHQUAKE DAMAGE																
PERLI	PERSONAL LIABILITY (UMBRELLA)																

17(A). LIABILITY EXPOSURES (Yes answers require liability extension coverage or remarks explaining coverage declined.)

DO YOU OWN / RENT MORE THAN ONE LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU OWN ANY SADDLE / DRAFT ANIMALS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, ARE ANY LOCATIONS RENTED TO OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THERE ANY KIND OF BUSINESS OPERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE BUSINESS _____
CO-OCCUPANT NAME _____	IS THERE ANY NON FAMILY MEMBER WORKING AS STAFF? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU RENT ROOMS TO OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF DOGS IN THE HOUSEHOLD _____ BREED(S) OF DOGS _____
IS THERE A DAYCARE OPERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER EXPOSURES _____

17(B). LIABILITY EXTENSIONS FROM PRIMARY LOCATION

LIABILITY EXTENSIONS FROM PRIMARY LOCATION							LIABILITY EXTENSIONS continued						
CODE	LIABILITY COVERAGE DESCRIPTION	Y	N	NUMBER OF	TYPE OF	PREMIUM	CODE	LIABILITY COVERAGE DESCRIPTION	Y	N	NUMBER OF	TYPE OF	PREMIUM

18. DISCOUNTS AND SURCHARGES

DISCOUNTS AND SURCHARGES							DISCOUNTS AND SURCHARGES continued						
CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	Y	N	%	PREMIUM APPLIED TO BASE	PREMIUM	CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	Y	N	%	PREMIUM APPLIED TO BASE	PREMIUM
DISMG	MORTGAGE FREE						DISNS	NON SMOKER					
DISNH	NEW HOME						DISAL	ALARM DISCOUNT					
DISMI	MATURE CITIZEN						SURHE	PRIMARY HEATING					
DISNC	NO CLAIMS						SURAU	SECONDARY AUXILIARY HEATING					
DISMP	MULTI LINE						SURCL	CLAIMS					
DISSC	SENIOR CITIZEN (AGE RELATED)						DISRD	RETIREE					
DISVC	VALUED / PREFERRED CUSTOMER						DISLT	LONG TERM OCCUPANCY					
DISOC	OCCUPATION												

TOTAL ESTIMATED PREMIUM THIS PAGE \$

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OPTIONAL AND STAND ALONE WATERCRAFT AND TRAILERS

22. WATERCRAFT AND TRAILERS (indicate if boat trailer or travel trailer) STAND ALONE WATERCRAFT POLICY

NO.	YEAR	DESCRIPTION MAKE/MODEL	COVERAGE	DEDUCTIBLE	IDENTIFICATION/ SERIAL NUMBER	PREMIUM
1						
2						
3						
4						
5						

NO.	TYPE	STYLE	CONSTRUCTION	LENGTH	HORSE- POWER	PURCHASED DATE	NEW OR USED	PURCHASE PRICE (including contents)	REPLACEMENT COST	VALUE OF CONTENTS INCLUDED IN THE PURCHASE PRICE	VALUE OF NON STANDARD EQUIPMENT	MAXIMUM SPEED
1												
2												
3												
4												
5												

23. LOCATION AND USE

NO.	MOORING CODE	MOORING POSTAL CODE	WINTER LOCATION CODE	WINTER LOCATION POSTAL CODE	PRIMARY USE	WATERS NAVIGATED	WATER SKIING
1							
2							
3							
4							
5							

24. LOSS PAYEE / LIENHOLDER / LESSOR

NO.	LOSS PAYEE / LIENHOLDER / LESSOR	NATURE OF INTEREST
1		
2		
3		
4		
5		

25. WATERCRAFT AND TRAILERS SUMMARY

NO.	TYPE CODE	DESCRIPTION	TOTAL # OF ITEMS	COVERAGE CODE	BASIS OF SETTLEMENT	TOTAL INSURED VALUE	DEDUCTIBLE	PREMIUM
1								
2								
3								
4								
5								

26. WATERCRAFT LIABILITY

NO.	TYPE CODE	DESCRIPTION	LIABILITY LIMIT	DEDUCTIBLE	PREMIUM
1					
2					
3					
4					
5					

27. OPERATOR INFORMATION

NO.	NAME	DATE OF BIRTH	LICENCE NUMBER	LIC PROV	LICENCE TYPE	C.Y.A.	POWER SQUAD- RON	CANADIAN COAST GUARD	CERTIFICATE NUMBER	MVR DATE
1										
2										
3										

28(A). GIVE PARTICULARS OF ALL CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST THREE YEARS. (No convictions indicator all drivers ✓)

28(B). GIVE PARTICULARS OF ALL ACCIDENTS OR CLAIMS ARISING FROM THE OWNERSHIP OR OPERATION OF ANY AUTOMOBILE DURING THE PAST SIX YEARS. (No claims indicator all drivers ✓)

DRIVER NO.	DATE	CONVICTION CODE	DESCRIPTION	DRIVER NO.	DATE	KIND OF LOSS CODE	DESCRIPTION

TOTAL ESTIMATED PREMIUM THIS PAGE \$

29. REMARKS