



HABITATIONAL INSURANCE APPLICATION

BILLING	
<input type="checkbox"/> BROKER/AGENT	<input type="checkbox"/> COMPANY

INSURANCE COMPANY		<input type="checkbox"/> QUOTE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	POLICY / BINDER NUMBER
1. APPLICANT'S FULL NAME AND POSTAL ADDRESS		2. BROKER'S NAME AND POSTAL ADDRESS	
		POSTAL CODE	POSTAL CODE
CONTACT NUMBER <input type="checkbox"/> CELL <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX	CONTACT NUMBER <input type="checkbox"/> CELL <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX	CONTACT NUMBER <input type="checkbox"/> CELL <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX	CONTACT NUMBER <input type="checkbox"/> CELL <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX
PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> 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 YYYY/MM/DD	TIME	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	EXPIRY DATE YYYY/MM/DD AT 12:01 A.M.
ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREON.			

4. APPLICANT DATA			
LEGAL ENTITY		CO-INSURED NAME	
OCCUPATION		OCCUPATION	
YEARS CONTINUOUSLY EMPLOYED	DATE OF BIRTH YYYY/MM/DD	YEARS CONTINUOUSLY EMPLOYED	DATE OF BIRTH YYYY/MM/DD
EMPLOYER		EMPLOYER	
HAS APPLICANT CHANGED ADDRESS IN LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS						
DATE (YYYY MM DD)	LOC. #	CAUSE	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY	POLICY NUMBER/CLAIM NUMBER
		CAUSE				

6. POLICY HISTORY				FIRST TIME INSURED <input type="checkbox"/>
WITHIN THE PAST 5 YEARS HAS ANY INSURANCE COMPANY: <input type="checkbox"/> CANCELLED <input type="checkbox"/> DECLINED <input type="checkbox"/> REFUSED TO RENEW OR ISSUE INSURANCE			NAME OF PREVIOUS INSURANCE COMPANY	
REASON			POLICY NUMBER	EXPIRY DATE YYYY/MM/DD
LIST POLICY NUMBERS OF OTHER INSURANCE WITH THIS COMPANY POLICY TYPE _____ POLICY NUMBER _____ POLICY TYPE _____ POLICY NUMBER _____			SINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURANCE COMPANY? YYYY/MM/DD	

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 © 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 YYYY/MM/DD	SIGNATURE OF APPLICANT	DATE YYYY/MM/DD

9(A). REMARKS			

9(B). BROKER QUESTIONNAIRE			
IS THIS BUSINESS NEW TO YOUR OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT? YYYY/MM/DD	HAVE YOU BOUND THIS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS IN REMARKS			
HAVE YOU SEEN THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN YYYY/MM/DD		CONDITION OF PROPERTY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
BROKER NAME (Please print)	BROKER SIGNATURE	DATE YYYY/MM/DD	



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PREMIUM TABLE
TOWN ID CODE
NO. OF ATTACHMENTS

UNDERWRITING AND COVERAGE INFORMATION RISK # _____

10. RISK ADDRESS SAME AS POSTAL ADDRESS

ADDRESS		
ADDRESS		
CITY	PROVINCE	POSTAL CODE

11. LOSS PAYEE NAMES, ADDRESSES AND POSTAL CODES NATURE OF INTEREST

#	NAME, ADDRESS AND POSTAL CODES	NATURE OF INTEREST
1		
2		
3		

12. RATING INFORMATION

OCCUPANCY	CONSTRUCTION	SECURITY SYSTEM	Y	N	LOCAL	MON-ITORED	HEATING	FUEL	PRI-MARY	AUX-ILIARY
PRIMARY	BRICK	FIRE					FURNACE (CENTRAL)			
SECONDARY	CEMENT	BURGLAR					COMBINATION WITH WOOD			
SEASONAL	FRAME	SECURITY ATTENDANT					COMBINATION WOOD / OIL			
RENTAL	ALUMINUM	MONITORED BY					COMBINATION WITHOUT WOOD			
RENTAL (TO 3RD PARTY)	MASONRY	OTHER					FURNACE (CENTRAL) WITH ADD-ON WOODBURNING UNIT			
VACANT	STONE	ALARM CERTIFICATE ATTACHED					HEAT PUMP			
UNOCCUPIED	STUCCO	SPRINKLER				DETECTOR TYPE	SPACE HEATER			
UNDER CONSTRUCTION	FIRE RESISTIVE	SMOKE DETECTORS				NO:	ELECTRIC			
# OF FAMILIES _____	STEEL	OTHER SECURITY					WALL FURNACE			
# OF UNITS _____	MASONRY VENEER	RENOVATION UPGRADE	FULL	PARTIAL	YEAR		FLOOR FURNACE			
STRUCTURE TYPE	BRICK VENEER	ELECTRICAL					FIREPLACE INSERT			
# OF STORIES _____	NON-FIRE RESISTIVE APT	_____ AMPS <input type="checkbox"/> BREAKERS <input type="checkbox"/> FUSES					RADIANT FLOOR			
DETACHED	OTHER	<input type="checkbox"/> KNOB & TUBE <input type="checkbox"/> ALUMINUM <input type="checkbox"/> COPPER					ELECTRIC RADIANT HEAT CEILING			
SEMI-DETACHED							OTHER			
TOWNHOUSE	FIRE PROTECTION	HEATING					SOLID FUEL HEATING UNIT			
ROWHOUSE	UNPROTECTED	PLUMBING					HEATING UNIT PROFESSIONAL INSTALLATION			Y/N
HIGHRISE	WITHIN _____ M OF HYDRANT	COPPER % PLASTIC %					HEATING UNIT ULC, CSA, OR WH APPROVED			Y/N
MOBILE HOME	WITHIN _____ KM OF FIREHALL	ROOFING					HEATING AREA SQ.M. MAKE YEAR YYYYY			
DUPLEX	NAME:	TYPE					ATTACHMENTS	REMARKS	Y/N	CODE
MULTIPLIX	OUTBUILDINGS	OIL TANK YEAR YYYYY					SOLID FUEL QUESTIONNAIRE		Y/N	SQL
PRE-FAB	NO. OF _____	<input type="checkbox"/> OIL TANK LOCATION INSIDE					DWELLING EVALUATOR		Y/N	BEV
OTHER	USE _____	<input type="checkbox"/> OIL TANK LOCATION OUTSIDE							Y/N	
	CONST. _____	<input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND								
	HEAT VALUE _____									
LIABILITY EXPOSURES	DO YOU OWN/RENT MORE THAN ONE LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ARE ANY LOCATIONS RENTED TO OTHERS? _____									
	IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME _____									
Yes answers require liability extension coverage or remarks explaining coverage declined.	DO YOU RENT ROOMS 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 DAYCARE OPERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THERE ANY NON FAMILY MEMBER WORKING AS STAFF? <input type="checkbox"/> YES <input type="checkbox"/> NO									
	DO YOU OWN ANY SADDLE/DRAFT ANIMALS, SWIMMING POOL? <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER EXPOSURES _____									

13. COVERAGE: FORMS, LIMITS & DEDUCTIBLES

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

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

CODE	COVERAGE DESCRIPTION	Y/N	LIMIT #1	DED.	DED. TYPE	1 ST TYPE OF	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						

TOTAL ESTIMATED PREMIUM THIS PAGE \$

HABITATIONAL INSURANCE APPLICATION

OPTIONAL AND STAND ALONE WATERCRAFT AND TRAILERS

22. WATERCRAFT AND TRAILERS (indicate if boat trailer or travel trailer) <input type="checkbox"/> STAND ALONE WATERCRAFT POLICY												
#	TYPE	YEAR	LENGTH	DESCRIPTION MAKE/MODEL						COVERAGE	DEDUCTIBLE	PREMIUM
1		YYY										
2		YYY										
3		YYY										
4		YYY										
5		YYY										
#	IDENTIFICATION/ SERIAL NUMBER	DATE PURCHASED	NEW OR USED	PURCHASE PRICE (including contents)	VALUE OF CONTENTS INCLUDED IN THE PURCHASE PRICE	VALUE OF NON STANDARD EQUIPMENT	REPLACEMENT COST	CONSTRUCTION	HORSE- POWER	MAXIMUM SPEED	WATER SKIING Y/N	
1		YYYY/MM/DD										
2		YYYY/MM/DD										
3		YYYY/MM/DD										
4		YYYY/MM/DD										
5		YYYY/MM/DD										
23. LOCATION AND USE												
#	MOORING AT			WINTER LOCATION				PRIMARY USE		WATERS NAVIGATED		
1												
2												
3												
4												
5												
#	LOSS PAYEE / LIENHOLDER / LESSOR AND ADDRESS										NATURE OF INTEREST	
1	NAME	ADDRESS			POSTAL CODE							
2	NAME	ADDRESS			POSTAL CODE							
3	NAME	ADDRESS			POSTAL CODE							
4	NAME	ADDRESS			POSTAL CODE							
5	NAME	ADDRESS			POSTAL CODE							
24. WATERCRAFT AND TRAILERS SUMMARY												
#	TYPE CODE	DESCRIPTION OF CLASS				TOTAL # OF ITEMS	COVERAGE CODE	BASIS OF SETTLEMENT	DEDUCTIBLE \$	TOTAL INSURED VALUE	PREMIUM	
1												
2												
3												
4												
5												
25. WATERCRAFT LIABILITY												
#	TYPE CODE	DESCRIPTION OF CLASS				LIABILITY LIMIT	DEDUCTIBLE \$	PREMIUM				
1												
2												
3												
4												
5												
26. OPERATOR DATA												
#	NAME OF OPERATOR		DATE OF BIRTH	AUTO DRIVER'S LICENCE NO. / WATERCRAFT DRIVER'S LICENCE NO.			C.Y.A.	POWER SQUADRON	CANADIAN COAST GUARD	CERTIFICATE NUMBER		
1			YYYY/MM/DD				Y/N	Y/N	Y/N			
2			YYYY/MM/DD				Y/N	Y/N	Y/N			
3			YYYY/MM/DD				Y/N	Y/N	Y/N			
27(A). GIVE PARTICULARS OF ALL CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST THREE YEARS. (No convictions indicator all drivers <input type="checkbox"/>)												
Driver No.	DATE YY/MM/DD	CONVICTION CODE	DESCRIPTION			Driver No.	DATE YY/MM/DD	KIND OF LOSS CODE	DESCRIPTION			
	YY/MM/DD						YY/MM/DD					
	YY/MM/DD						YY/MM/DD					
TOTAL ESTIMATED PREMIUM THIS PAGE										\$		
28. REMARKS												