

HIGH VALUE HOME APPLICATION

Client Name: _____

Mailing Address: _____

Date of Birth: _____ Occupation: _____

Company Name: _____

Insured with Broker Since: _____

Prior Address if moved in the last 6 months: _____

Insured without interruption since: _____

Has the client been cancelled by any insurance company in the last 5 years? Yes No

Name of previous company: _____

Claims in the past 10 years (if more than 3, attach additional page)

Date of Loss	Description	Amount of Loss
_____	_____	_____
_____	_____	_____
_____	_____	_____

DWELLING INFORMATION

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Is the home under renovation or construction? Yes No

Year Built: _____

Occupancy: _____

Construction: Frame Masonry Log Other (describe): _____

Type of Building: Detached Home Duplex Townhouse/Condo Mobile Home (fully blocked, skirted & tied down)

Other (describe): _____

Square Footage: _____ No. of Storeys: _____ Size of Lot: _____

UPDATES

Have the following been upgraded or replaced?

	Type (click to select)	Year	Partial or Full Replacement (click to select)
Roof	_____	_____	_____
Heating	_____ Fuel: _____	_____	_____
Plumbing	_____	_____	_____
Electrical	_____	_____	_____

Auxilliary Heat: Yes No If yes, what type: _____

Water Heater Type: Standard Tankless Year: _____

Finished Basement: Yes No

Is the property viewable from the road? Yes No

Within 300m of Fire Hydrant: Yes No Within 8km of Firehall: Yes No

Burglar Alarm: Yes No If yes, is it? Monitored Local Only

Fire Alarm: Yes No If yes, is it? Monitored Local Only

Superior Tanker Protection Yes No

Preventative Measures – Select all that apply:

- 24 hr Alarm Signal Protection
- 24 hr Security Guard
- Alarmed Sump Pump
- Caretaker on Premise
- Auto Seismic Shut-off Valve to Gas Lines
- Gated
- Auto Water Shut-off
- Lightning Protection System
- Temperature Monitoring System
- Power Back-up Generator
- CCTV Cameras
- Residential Sprinkler System
- Backwater Valve

Additional Coverage – Select all that apply:

- Earthquake Coverage
- Equipment Breakdown
- Sewer Backup/Overland
- Household SafeGuard
- Ground Water
- Other: _____

LIMITS

Dwelling Building: \$ _____ Additional Buildings: \$ _____

Major Appliances: \$ _____ Personal Liability: _____

No. of Mortgages/liens/encumbrances: _____

Are any mortgages in arrears? Yes No

Does the client have any items to schedule? _____

Additional Information/Comments:

Important – Please read carefully:

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting application.

Applicant's Signature: _____ Date: _____