Owner Occupied Dwelling Application

Clear Form

Only Annual Terms Available. NOTE: Risk must be occupied to be insured as owner occupied

☐ Mini/Mobile Home ☐ Condominium Unit ☐ Detached ☐ Semi-Detached ☐ Town House ☐ Duplex

Broker:	Broker Office Location:
Broker Contact:	Broker Email:
Insured (please list all deeded owners):	
Primary Residence/Mailing Address:	
Unit # Civic # Street Name City/Municipality Province Postal Code Risk Address:	
Name and Address of Mortgagee: ☐ Mortgagee ☐ Loss Payee ☐ None	

CLAIMS HISTORY (past 5 years) ☐ None			
Date of Loss	**Full Details of Loss**	**Amt Paid/Reserved**	**Status**

Year Built:	**Year Purchased:**	**No. of Stories:**	**No. of Units:**	**Foundation:**
Construction:		**Square Footage:**	If more than 10 acres, please advise the acreage:	

	BUILDING CONSTRUCTION INFO AND BUILDING UPDATES		
	Type - If not in the list, type into the list selection	**Year of Full Update**	**Year of Partial Update**
Electrical	☐ Copper ☐ Aluminum ☐ Knob & Tube		
Heating	Main: Auxiliary:		
Plumbing			
Roof			

RENTAL INFORMATION ☐ None / Not Applicable	
Number of Occupants:	☐ Student Rental ☐ Boarders Number of Rented Rooms
Max. number of students/boarders at any one time:	
How are tenants screened?	
Is there a lease agreement in place?	
Are tenants required to carry insurance?	

NOTE: It is recommended that tenants/occupants obtain tenant insurance to cover their belongings and personal liability.

Owner Occupied Dwelling Application

FIRE PROTECTION	
Distance to a Fire Hydrant (in meters):	Distance to Fire Hall (in kilometers):
☐ Paid ☐ Volunteer ☐ Unprotected	
☐ Fire Extinguishers ☐ Smoke Detectors ☐ Sprinkler System	

LIMITS OF INSURANCE (Dollar Amount)	
Building:	
Contents:	
Outbuilding: (if more than one outbuilding, list the limit of insurance for each)	
Rental Income (annual limit):	
☐ Sewer Backup ☐ Flood ☐ Earthquake ☐ Equipment Breakdown	
Premises Only Liability: ☐ $1,000,000 OR ☐ $2,000,000	
NOTE: Additional Living Expenses and Personal Liability Not Available	

CONDOMINIUM COVERAGES	
Coverage A – Condominium Unit:	
Coverage B – Unit Improvements and Betterments:	
Coverage C – Condominium Unit Owners – Loss Assessment:	

PREVIOUS INSURER INFORMATION	
Previous Insurer:	Previous Policy Number:
Expiry Date or Binding Date Required:	
If not a new purchase and no previous insurance, please advise the reason as well as the reason seeking to insure now:	

ADDITIONAL COMMENTS

I may have provided personal information in this document and by other means 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.

Applicant's Signature:	Date:

PLEASE PROVIDE PHOTOS WITH YOUR SUBMISSION