Anderson McTague & ASSOCIATES
Extra Strength Underwriting.

154 Prince William
Street Saint John, NB,
E2L 2B6 Canada

Email PDF

Homeowners Application ☐ Mobile & Mini Home Application ☐

Policy Number: _____ Replacing Policy Number: _____
Broker Name: _____
Broker Address: _____
Phone: _____ Fax: _____

☐ Principal Residence ☐ Tenant's Package

Name of Insured: _____
Postal Address: _____
Telephone Number: _____
Policy Period: From: _____ To: _____

BROKER REPORT

	Occupation	Years Continuously Employed	Date of Birth
Applicant	_____	_____	_____
Co-Applicant	_____	_____	_____

Previous Insurer: _____ Policy Number: _____
Has any Company refused, cancelled, or declined to renew Applicant? ☐ Yes ☐ No
If yes, give details: _____
_____

PREVIOUS CLAIMS IN PAST FIVE (5) YEARS

Date of Loss (mm/dd/yy)	Full Details of Loss	Amount Paid Or Reserved

How long has Applicant lived at this location? _____
Is there any Commercial Exposure on the premises? ☐ Yes ☐ No
If yes, describe: _____
_____
If a tenant is above a restaurant, is there an approved CO_2 system? ☐ Yes ☐ No ☐ N/A
Is this New Business to your office? ☐ Yes ☐ No How long have you known the applicant? _____
Is client financially acceptable to your office? ☐ Yes ☐ No
Have you personally seen this property? ☐ Yes ☐ No Condition of Property: ☐ Good ☐ Fair ☐ Poor
Is there any Knob & Tube or Aluminum Wiring in the dwelling? ☐ Yes ☐ No
Is the property for sale? ☐ Yes ☐ No If yes, please provide details: _____
If risk is a Mobile/Mini Home, does risk have Tie-Downs? ☐ Yes ☐ No
Is risk located in a Mobile/Mini Home Park/Subdivision? ☐ Yes ☐ No

RISK DETAILS:

Year Dwelling Built: _____

Legal Address: _____Postal Code: _____

LOSS PAYABLE (Include FULL mailing address)

_____

_____

OCCUPANCY

☐ Primary ☐ Other (describe): _____

CONSTRUCTION ☐ Frame ☐ Brick Veneer ☐ Masonry ☐ Fire Resistive ☐ Log

STRUCTURE ☐ Detached ☐ Semi Detached ☐ Townhouse ☐ Row House ☐ Duplex
☐ Triplex ☐ Multi-Plex ☐ Mobile
☐ Apartment Building - # of Units: _____
☐ Mercantile – Describe: _____

HEATING	Fuel	Primary	Auxillary
☐ Furnace (Central)			
☐ Combination with Wood			
☐ Electric			
☐ Space Heater			
☐ Solid Fuel Heating Unit			
☐ Furnace (central) with add on wood burning unit			
☐ Fireplace Insert			

A woodstove questionnaire must accompany the application.

UPDATES	Full	Partial	Year
☐ Electric: # of Amps _____			
☐ Heating			
☐ Plumbing			
☐ Roof			

If updates are Partial, describe: _____

_____

DETACHED STRUCTURE

Year Built: _____ Size: _____ Construction: _____
Heat: _____ Use: _____

PROTECTION GRADE ☐ Within 300m of a Hydrant ☐ Within 8km of a Fire Hall ☐ Unprotected

ALARMS **Burglary:** ☐ Central ☐ Local **Fire:** ☐ Central ☐ Local

PACKAGE FORM AND TYPE: ☐ ACV Homeowners ☐ ACV Tenants **Deductible:**							
	Dwelling Building	Detached Private Structures	Personal Property	Additional Living Expenses	Legal Liability	Voluntary Medical Payments	Voluntary Property Damage
Limits:					☐ $500,000 ☐ $1,000,000	$2,500	$500
Rate:					FLAT		
Premium:							

OPTIONAL COVERAGES: ☐ Sewer Backup ☐ $5,000 Limit – Premium: _____
☐ $10,000 Limit – Premium: _____
☐ Theft Option ☐ $10,000 Limit – Premium: _____

EXPOSURE INFORMATION

Explain 'Yes' Responses in Remarks	Yes	No	
Additional residences/properties			
Location rented to others			# of Weeks:
More than one family in the dwelling			
Rooms rented to others			# of Units:
Daycare			# of Children:
Incidental office use			
Commercial operations at this location			
Swimming pool			
Saddle/Draft animals			# of Animals:
More than 10 acres			
Servants: In: Out: Chauffeur: Occasional:			
Other Exposures:			
Remarks ('Yes' responses MUST be explained):			

NOTES: _____
_____

It is understood and agreed that this policy contains a loss settlement clause that is based on Actual Cash Value calculations.

Consumer and previous insurer reports containing personal, credit, factual, or investigative information may be sought in connection with this application for insurance or a renewal, extension, or variation of the insurance applied for.

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations, Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Broker: _____