

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 CO₂ 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
<input type="checkbox"/> Furnace (Central)			
<input type="checkbox"/> Combination with Wood			
<input type="checkbox"/> Electric			
<input type="checkbox"/> Space Heater			
<input type="checkbox"/> Solid Fuel Heating Unit			
<input type="checkbox"/> Furnace (central) with add on wood burning unit			
<input type="checkbox"/> Fireplace Insert			

A woodstove questionnaire must accompany the application.

UPDATES	Full	Partial	Year
<input type="checkbox"/> Electric: # of Amps _____			
<input type="checkbox"/> Heating			
<input type="checkbox"/> Plumbing			
<input type="checkbox"/> 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: <input type="checkbox"/> ACV Homeowners <input type="checkbox"/> ACV Tenants					Deductible:		
	Dwelling Building	Detached Private Structures	Personal Property	Additional Living Expenses	Legal Liability	Voluntary Medical Payments	Voluntary Property Damage
Limits:					<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	\$2,500	\$500
Rate:					FLAT		
Premium:							

OPTIONAL COVERAGES:

Sewer Backup \$5,000 Limit – Premium: _____

Theft Option \$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: _____