

Seasonal Dwelling Application



FIRE PROTECTION	
Distance to a Fire Hydrant (in meters):	Distance to Fire Hall (in kilometers):
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Unprotected	
<input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> 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):	
<input type="checkbox"/> Sewer Backup <input type="checkbox"/> Flood <input type="checkbox"/> Earthquake <input type="checkbox"/> Equipment Breakdown	
Premises Only Liability: \$1,000,000 OR \$2,000,000	

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:
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PLEASE PROVIDE PHOTOS WITH YOUR SUBMISSION