



# HABITATIONAL INSURANCE APPLICATION

BILLING  
 COMPANY  BROKER/AGENT

INSURANCE COMPANY	<input type="checkbox"/> QUOTE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	POLICY NUMBER	BINDER NUMBER
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## 1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

NAME		POSTAL CODE	
ADDRESS		POSTAL CODE	

## 2. BROKERAGE/AGENCY INFORMATION

BROKER CODE	CONTACT NAME
PHONE NO.	FAX NO.
CONTRACT NO.	SUB-CONTRACT NUMBER
GROUP / PROGRAM NAME	GROUP ID
BROKER CLIENT ID	COMPANY CLIENT ID

CONTACT NUMBER(S)	TYPE	NO.	TYPE	NO.
CONTACT NUMBER(S)	TYPE	NO.	TYPE	NO.

PREFERRED DOCUMENT LANGUAGE  ENGLISH  FRENCH

EMAIL ADDRESS

WEBSITE ADDRESS

## 3. POLICY PERIOD

EFFECTIVE DATE /YYMM/DD TIME A.M.  P.M.  EXPIRY DATE /YYMM/DD AT 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.

## 4. APPLICANT DATA

INSURED NAME	CO-INSURED NAME		
OCCUPATION	OCCUPATION		
YEARS CONTINUOUSLY EMPLOYED	DATE OF BIRTH	YEARS CONTINUOUSLY EMPLOYED	DATE OF BIRTH
OCCUPANCY DATE	IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS		
			POSTAL CODE

## 5. LOSS HISTORY

CLAIMS HISTORY REPORT DATE /YYMM/DD

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS?  YES  NO IF YES, COMPLETE THE CHART BELOW

LOSS DATE	LOC. #	CAUSE	CLAIM SETTLED (Y/N)	PAID AMOUNT	POLICY NUMBER	INSURANCE COMPANY

## 6(A). POLICY HISTORY

FIRST TIME INSURED

HAS ANY INSURANCE COMPANY REFUSED TO PROVIDE INSURANCE IN THE PAST 5 YEARS?  YES  NO

IF YES, INDICATE INSURANCE REFUSAL TYPE:  CANCELLED  DECLINED  REFUSED RENEWAL  RESTRICTED COVERAGE

BY WHICH INSURANCE COMPANY \_\_\_\_\_ REASON \_\_\_\_\_

PREVIOUS INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_/YYMM/DD

SINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURANCE COMPANY? \_\_\_\_\_/YYMM/DD HAS IT BEEN CONTINUOUS?  YES  NO If no, please provide details in remarks.

## 6(B). CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY

LINE OF BUSINESS \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

LINE OF BUSINESS \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_



# HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC # \_\_\_\_\_

PREMIUM TABLE  
TOWN ID CODE  
NO. OF ATTACHMENTS

7. RISK ADDRESS  SAME AS POSTAL ADDRESS

ACCESS:  EASY ACCESS ROAD  DIFFICULT ACCESS ROAD  ISLAND  ISOLATED RURAL  OTHER \_\_\_\_\_

8. MORTGAGEE / LOSS PAYEE(S)	NATURE OF INTEREST
1	
2	
3	

## 9. RATING INFORMATION

REPLACEMENT COST EVALUATOR PRODUCT	YEAR BUILT	# OF STORY'S	# OF FAMILIES	# OF UNITS	TOTAL LIVING AREA (excluding basement) <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.
DATE EVALUATION COMPLETED (YYYY/MM/DD)	SMOKER(S)?	DATE OF BIRTH OF ELDEST OCCUPANT (YYYY/MM/DD)		RELATIONSHIP TO APPLICANT	
<b>OCCUPANCY</b>	<b>EXTERIOR WALL FRAMING</b>	<b>HEATING TYPE</b>		<b>SECURITY SYSTEM</b>	<b>Y/N</b> <b>LOCAL</b> <b>MON-ITORED</b>
PRIMARY	WOOD FRAME	PRIMARY HEATING APPARATUS		FIRE	
SECONDARY	CONCRETE BLOCK / MASONRY FRAME	FUEL		BURGLAR	
SEASONAL	LOG	LOCATION		SMOKE DETECTORS	
RENTAL	FIRE RESISTIVE	AUXILIARY HEATING APPARATUS		DETECTOR TYPE	NO:
VACANT		FUEL		MONITORED BY	
UNOCCUPIED	<b>EXTERIOR WALL FINISH</b>	LOCATION		ALARM CERTIFICATE ATTACHED	
UNDER CONSTRUCTION		NO. OF FACE CORDS PER YEAR		SPRINKLER	
	BRICK VENEER	HEATING UNIT PROFESSIONAL INSTALLATION		SECURITY TYPE	
<b>STRUCTURE TYPE/STYLE</b>	VINYL SIDING	HEATING UNIT ULC, CSA, OR WH APPROVED			
DETACHED	STUCCO	RADIANT HEATING AREA SQ.M.		WATER MITIGATION MEASURES IN PLACE	
SEMI - DETACHED	STONE VENEER	MAKE: _____ YEAR: _____			
ROWHOUSE / TOWNHOUSE (END)	SOLID BRICK	<b>OIL TANK</b>		<b>UPDATE YEAR</b>	<b>FULL</b> <b>PARTIAL</b>
ROWHOUSE / TOWNHOUSE (INSIDE)	ALUMINIUM/METAL SIDING	YEAR _____ <input type="checkbox"/> INSIDE <input type="checkbox"/> IN GROUND		HEATING	
HIGHRISE	WOOD	<input type="checkbox"/> OUTSIDE <input type="checkbox"/> ABOVE GROUND		ROOFING	
MOBILE HOME		<b>FIRE PROTECTION</b>		TYPE: _____	
MULTIPLX		<input type="checkbox"/> UNPROTECTED <input type="checkbox"/> SUPERIOR SHUTTLE TANKER SERVICE		ELECTRICAL	AMPS _____
<b>FOUNDATION</b>		WITHIN _____ M OF HYDRANT WITHIN _____ KM OF FIREHALL		<input type="checkbox"/> BREAKERS <input type="checkbox"/> KNOB & TUBE	
POURED CONCRETE	SLAB/ CONCRETE SLAB	FIREHALL NAME: _____		<input type="checkbox"/> FUSES <input type="checkbox"/> ALUMINUM <input type="checkbox"/> COPPER	
CONCRETE BLOCK	STONE			PLUMBING	
CRAWL SPACE				COPPER _____ % PLASTIC _____ %	
FINISHED BASEMENT _____ %				GALVANIZED _____ % OTHER _____ %	

INTERIOR DETAILS	TYPE	%	TYPE	%	TYPE	%
INTERIOR WALL CONSTRUCTION						
INTERIOR FLOOR FINISH						
CEILING CONSTRUCTION						

## ADDITIONAL INTERIOR DETAILS

WALL HEIGHT _____ %	NUMBER OF KITCHENS: _____	NUMBER OF BATHROOMS: FULL _____
	NO. _____ QUALITY _____	HALF _____
	<input type="checkbox"/> BUILDER'S GRADE <input type="checkbox"/> CUSTOM <input type="checkbox"/> _____	
	<input type="checkbox"/> BUILDER'S GRADE <input type="checkbox"/> CUSTOM <input type="checkbox"/> _____	

SWIMMING POOL		GARAGE / CARPORT	
YEAR _____	<input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> WITH FENCE	ATTACHED GARAGE? Y/N	SIZE - # OF CARS _____
<input type="checkbox"/> INDOOR <input type="checkbox"/> IN GROUND <input type="checkbox"/> WITHOUT FENCE		ATTACHED CARPORT? Y/N	SIZE - # OF CARS _____
		<input type="checkbox"/> BUILT-IN <input type="checkbox"/> BASEMENT	

## DETACHED OUTBUILDING(S)/OTHER STRUCTURE(S) (Additional limits required on any heated outbuildings)

STRUCTURE NO.	YEAR BUILT	STRUCTURE TYPE	EXTERIOR WALL FRAMING	HEATING APPARATUS	FUEL	TOTAL AREA <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.	VALUE (Included in detached private structure limit)



# HABITATIONAL INSURANCE APPLICATION

COVERAGE AND LIABILITY EXTENSIONS LOC #

## 10. COVERAGE: FORMS, LIMITS & DEDUCTIBLES

PACKAGE FORM AND TYPE: -					RATING PLAN:		DED.		DED. TYPE
DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS		VOLUNTARY PROPERTY DAMAGE		ESTIMATED BASE PREMIUM

## 11. ADDITIONAL COVERAGE (Specify rating information, limits deductibles, etc.)

CODE	COVERAGE DESCRIPTION	COVERAGE REQUESTED Y/N	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM	
						1	2	3	4	5		
GUARR	GUARANTEED REPLACEMENT COST-BUILDING											
GRCE	REPLACEMENT COST ON CONTENTS											
	UNIT OWNERS BUILDING IMPROVEMENTS AND BETTERMENTS	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS										
	LOSS ASSESSMENT	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS										
CCLA	CONDOMINIUM CONTINGENT LEGAL LIABILITY											
ARAP	CONDOMINIUM ADDITIONAL PROTECTION ENDORSEMENT											
HSL	SINGLE LIMIT											
SEWER	SEWER BACK-UP											
IDTFT	IDENTITY THEFT											
RENT	RENTAL INCOME											
BYLAW	BYLAWS ENDORSEMENT											
ERQK	EARTHQUAKE											
ERQKF	POST-EARTHQUAKE DAMAGE											
PERLI	PERSONAL LIABILITY (UMBRELLA)											
CCARD	CREDIT CARD											
DEBRI	DEBRIS REMOVAL											
FREEZ	HOME FREEZER											
GLDED	GLASS DEDUCTIBLE											

PREMIUM FOR THIS SECTION \$

## 12(A). LIABILITY EXPOSURES (Yes answers require liability extension coverage or remarks explaining coverage declined.)

DO YOU OWN / RENT MORE THAN ONE LOCATION?		DO YOU OWN ANY WATERCRAFT?	
NUMBER OF WEEKS LOCATION RENTED TO OTHERS?		NUMBER OF FULL TIME RESIDENCE EMPLOYEES	
NUMBER OF ROOMS RENTED TO OTHERS?		IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE?	
DAYCARE OPERATION - NUMBER OF CHILDREN		CO-OCCUPANT NAME	
DO YOU OWN A TRAMPOLINE?		IS THERE ANY KIND OF BUSINESS OPERATION?	
DO YOU HAVE A GARDEN TRACTOR?		IF YES, DESCRIBE BUSINESS	
DO YOU HAVE A GOLF CART?		NUMBER OF DOGS IN THE HOUSEHOLD	
NUMBER OF SADDLE / DRAFT ANIMALS?		BREED(S) OF DOGS	
DO YOU HAVE ANY UNLICENSED RECREATIONAL VEHICLES?		OTHER EXPOSURES	
RENEWABLE ENERGY INSTALLATION ON PREMISES?			

## 12(B). LIABILITY EXTENSIONS FROM PRIMARY LOCATION

CODE	LIABILITY COVERAGE DESCRIPTION	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM	
					1	2	3	4	5		

PREMIUM FOR THIS SECTION \$

## 13. DISCOUNTS AND SURCHARGES

DISCOUNTS AND SURCHARGES					DISCOUNTS AND SURCHARGES continued				
CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM	CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM

PREMIUM FOR THIS SECTION \$

TOTAL ESTIMATED PREMIUM THIS PAGE \$



# HABITATIONAL INSURANCE APPLICATION

## 14. PREMIUM INFORMATION

TOTAL ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	PAYMENT PLAN	ESTIMATED INSTALLMENT AMOUNT	\$ / % ADDITIONAL CHARGES	TOTAL ESTIMATED COST

## 15. ATTACHMENTS

ATTACHMENTS	DESCRIPTION	DATE COMPLETED	ATTACHMENTS	DESCRIPTION	DATE COMPLETED

## 16. REMARKS

## 17(A). FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

For all provinces and territories except Quebec: If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

For Quebec: I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

For all provinces and territories: Any fraud or wilfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

## 17(B). PERSONAL INFORMATION CONSENT

I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer'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, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais. The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	

## 18. BROKER / AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT?	HAVE YOU BOUND THIS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS IN REMARKS		
HAVE YOU SEEN THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN	CONDITION OF PROPERTY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
BROKER / AGENT NAME (Please print)	SIGNATURE OF BROKER / AGENT	DATE