



HABITATIONAL INSURANCE APPLICATION

BILLING COMPANY BROKER/AGENT

INSURANCE COMPANY

 QUOTE
 NEW
 RENEWAL

POLICY NUMBER

BINDER NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS**2. BROKERAGE/AGENCY INFORMATION**

CONTACT NUMBER(S) TYPE NO. TYPE NO.				BROKER CODE	CONTACT NAME
PREFERRED DOCUMENT LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				PHONE NO.	FAX NO.
EMAIL ADDRESS				CONTRACT NUMBER	SUB-CONTRACT NUMBER
WEBSITE ADDRESS				GROUP / PROGRAM NAME	GROUP ID
POSTAL CODE				BROKER CLIENT ID	COMPANY CLIENT ID

3. POLICY PERIODEFFECTIVE DATE TIME A.M. P.M. EXPIRY DATE 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

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 HISTORYFIRST 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 _____

NAME OF PREVIOUS INSURANCE COMPANY _____

POLICY NUMBER _____ EXPIRY DATE _____ SINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURANCE COMPANY? _____

6(B). CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY LINE OF BUSINESS _____ POLICY NUMBER _____ LINE OF BUSINESS _____ POLICY NUMBER _____

7. PREMIUM INFORMATION

TOTAL ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	PAYMENT PLAN	ESTIMATED INSTALLMENT AMOUNT	\$ / % ADDITIONAL CHARGES	TOTAL ESTIMATED COST
				<input type="checkbox"/> \$ <input type="checkbox"/> %	

8(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 willfully 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.**8(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

8(C). REMARKS**9. 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



HABITATIONAL INSURANCE APPLICATION

PREMIUM TABLE
TOWN ID CODE
NO. OF ATTACHMENTS

UNDERWRITING AND COVERAGE INFORMATION LOC # _____

10. RISK ADDRESS SAME AS POSTAL ADDRESS

11. MORTGAGEE / LOSS PAYEE(S)	NATURE OF INTEREST

12. RATING INFORMATION

YEAR BUILT	# OF STOREYS	# OF FAMILIES	# OF UNITS	TOTAL LIVING AREA (excluding basement)	<input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.		
OCCUPANCY	CONSTRUCTION	HEATING		SECURITY SYSTEM	Y/N	LOCAL	MONITORED
PRIMARY	BRICK	PRIMARY HEATING APPARATUS		FIRE			
SECONDARY	CEMENT	FUEL		BURGLAR			
SEASONAL	FRAME	LOCATION		SMOKE DETECTORS			
RENTAL	ALUMINUM	AUXILIARY HEATING APPARATUS		DETECTOR TYPE NO:			
RENTAL (TO 3RD PARTY)	MASONRY	FUEL		MONITORED BY			
VACANT	STONE	LOCATION		ALARM CERTIFICATE ATTACHED			
UNOCCUPIED	STUCCO	NO. OF FACE CORDS PER YEAR		SPRINKLER			
UNDER CONSTRUCTION	FIRE RESISTIVE	HEATING UNIT PROFESSIONAL INSTALLATION		SECURITY TYPE			
	STEEL	HEATING UNIT ULC, CSA, OR WH APPROVED					
STRUCTURE TYPE	MASONRY VENEER	RADIANT HEATING AREA SQ.M. _____					
DETACHED	BRICK VENEER	MAKE _____ YEAR _____					
SEMI-DETACHED	NON-FIRE RESISTIVE APT	OIL TANK		RENOVATION YEAR	FULL (YY)	PARTIAL (YY)	
TOWNHOUSE		YEAR _____		HEATING			
ROWHOUSE	FIRE PROTECTION			ROOFING			
HIGHRISE	UNPROTECTED	<input type="checkbox"/> OIL TANK LOCATION OUTSIDE <input type="checkbox"/> OIL TANK LOCATION INSIDE <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND		TYPE _____			
MOBILE HOME	_____ M. OF HYDRANT			ELECTRICAL _____ AMPS			
DUPLEX	_____ KM. OF FIREHALL			<input type="checkbox"/> BREAKERS <input type="checkbox"/> FUSES <input type="checkbox"/> KNOB & TUBE <input type="checkbox"/> ALUMINUM <input type="checkbox"/> COPPER			
MULTIPLEX	NAME: _____	EVALUATOR PRODUCT					
PRE-FABRICATED		ATTACHMENTS	DESCRIPTION	DATE COMPLETED			
	SWIMMING POOL						
	YEAR _____						
OCCUPANT DETAILS	<input type="checkbox"/> NONE <input type="checkbox"/> INDOOR <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> WITH FENCE <input type="checkbox"/> WITHOUT FENCE						
RELATIONSHIP TO APPLICANT					PLUMBING _____		
					COPPER _____% PLASTIC _____% _____%		

13. 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
\$	\$	\$	\$	\$	\$	\$	\$

14. REMARKS

TOTAL ESTIMATED PREMIUM THIS PAGE \$

