

Broker Information				
Broker name:		Broker phone:		
Broker code:		Broker email:		
Broker contact:		Provincial locations:		
Customer Information				
Name of customer(s):		Email:		
Submission date:		Effective date:		
Prior insurer:		Prior insurer policy No:		
Reason for remarketing:		Prior insurer expiry date:		
Insured with broker since:		Gaps in coverage:		
Customer #1 Date of Birth and occupation:		Customer No.:		
Customer #1 Credit Consent obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not requested (not applicable in Newfoundland and Labrador)		Customer #2 Date of Birth and occupation:		
Customer #2 Credit Consent obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not requested (not applicable in Newfoundland and Labrador)		Non-smoking household: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Prior address (if moved in the last 3 years):				
Loss History (10 years)				
Details of Loss		Date of Loss		Amount Paid
Location No.1 – Coverage Form				
Risk type:		Use: Principal <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Secondary <input type="checkbox"/>		
Homeowner <input type="checkbox"/> Condominium <input type="checkbox"/> Tenant <input type="checkbox"/>		Occupancy: Vacant <input type="checkbox"/> Under construction or renovation <input type="checkbox"/>		
Location No. 1 – Street and/or Legal Address Including Postal Code		Construction Type	Year Built	No. of Storeys
Address:				
Unrelated occupants: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water heater Type: Year:	No. of mortgages:	Prior appraisal: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy.	
Business conducted on premises: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		Swimming pool: <input type="checkbox"/> Yes <input type="checkbox"/> No Above ground: <input type="checkbox"/> Inground <input type="checkbox"/>		
Roofing	Plumbing	Electrical	Primary Heat	
Update year: Update percentage: Type:	Update year: Update percentage: Type:	Update year: Update percentage: Wiring type: Panel type: Amperage:	Update year: Update percentage: Type:	
		Auxiliary Heat		
		Type of appliance:		Fuel:
Mortgagee (name/address)	#1	#2		
Location No. 1 – Protection				
Distance to fire hall:	Distance to hydrant: <input type="checkbox"/> Within 300m <input type="checkbox"/> More than 300 m		Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Superior Tanker Shuttle Protection:		Earthquake coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No Deductible %: (available options vary by postal code)		
Customer has owned this location since: Customer has resided at this location since:		Enhanced Water Damage Package: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Location No. 1 – Additional Protection					
Automatic shut-off valve with water sensor(s): <input type="checkbox"/> Yes <input type="checkbox"/> No No. of sensor(s):		Automatic shut-off valve with water flow device: <input type="checkbox"/> Yes <input type="checkbox"/> No Alarmed sump pump: <input type="checkbox"/> Yes <input type="checkbox"/> No Battery backup: <input type="checkbox"/> Yes <input type="checkbox"/> No		Septic system: <input type="checkbox"/> Yes <input type="checkbox"/> No Backwater valve: <input type="checkbox"/> Yes <input type="checkbox"/> No Sump pump: <input type="checkbox"/> Yes <input type="checkbox"/> No System(s) alarmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
24-hour security cameras: <input type="checkbox"/> Full time live-in caretaker: <input type="checkbox"/>		Automatic seismic gas shut-off valve: <input type="checkbox"/> Monitored gas leak detection: <input type="checkbox"/>		Burglar alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitored <input type="checkbox"/> Local <input type="checkbox"/> Fire & burglar alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitored <input type="checkbox"/> Local <input type="checkbox"/> Fire protection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitored <input type="checkbox"/> Local <input type="checkbox"/>	
Location No. 1 – Dwelling Details					
Total living area (excluding basement): No. of bathrooms:		Finished basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Attached garage: <input type="checkbox"/> Yes <input type="checkbox"/> No Detached garage: <input type="checkbox"/> Yes <input type="checkbox"/> No		% finished: Construction and type: Construction and type:	
Property Insurance – Limits of Insurance				Personal Liability	
Dwelling Building	Additional Buildings	Personal Property	Additional Living Expense	Limit of Insurance	Deductible(s)
					Policy: Water Damage: Windstorm: Hail: Enhanced Water Damage:
Additional Liability Exposures					
Location No.2 – Coverage Form					
Risk type: Homeowner <input type="checkbox"/> Condominium <input type="checkbox"/> Tenant <input type="checkbox"/>			Use: Principal <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Secondary <input type="checkbox"/> Occupancy: Vacant <input type="checkbox"/> Under construction or renovation <input type="checkbox"/>		
Location No.2 – Street and/or Legal Address Including Postal Code				Construction Type	Year Built
Address:					
Unrelated occupants: <input type="checkbox"/> Yes <input type="checkbox"/> No		Water heater Type: Year:		No. of mortgages:	Prior appraisal: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy.
Business conducted on premises: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:				Swimming pool: <input type="checkbox"/> Yes <input type="checkbox"/> No Above ground: <input type="checkbox"/> Inground <input type="checkbox"/>	
Roofing		Plumbing		Electrical	
Update year: Update percentage: Type:		Update year: Update percentage: Type:		Update year: Update percentage: Wiring type: Panel type: Amperage:	
				Primary Heat	
				Update year: Update percentage: Type:	
				Auxiliary Heat	
				Type of appliance: Fuel:	
Mortgagee (name/address)		#1		#2	
Location No. 2 – Protection					
Distance to fire hall:		Distance to hydrant: <input type="checkbox"/> Within 300m <input type="checkbox"/> More than 300 m		Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Superior Tanker Shuttle Protection:				Earthquake coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No Deductible %: (available options vary by postal code)	
Customer has owned this location since: Customer has resided at this location since:				Enhanced Water Damage Package: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location No. 2 – Additional Protection					
Automatic shut-off valve with water sensor(s): <input type="checkbox"/> Yes <input type="checkbox"/> No No. of sensor(s):		Automatic shut-off valve with water flow device: <input type="checkbox"/> Yes <input type="checkbox"/> No Alarmed sump pump: <input type="checkbox"/> Yes <input type="checkbox"/> No Battery backup: <input type="checkbox"/> Yes <input type="checkbox"/> No		Septic system: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Backwater valve: <input type="checkbox"/> Yes <input type="checkbox"/> No Sump pump: <input type="checkbox"/> Yes <input type="checkbox"/> No System(s) alarmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
24-hour security cameras: <input type="checkbox"/> Full time live-in caretaker: <input type="checkbox"/>		Automatic seismic gas shut-off valve: <input type="checkbox"/> Monitored gas leak detection device: <input type="checkbox"/>		Burglar alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No Fire & burglar alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No Fire protection: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Monitored <input type="checkbox"/> Local <input type="checkbox"/> Monitored <input type="checkbox"/> Local <input type="checkbox"/> Monitored <input type="checkbox"/> Local <input type="checkbox"/>	
Property Insurance – Limits of Insurance				Personal Liability	
Dwelling Building	Detached Private Structures	Personal Property	Additional Living Expense	Limit of Insurance	
				Deductible(s) Policy: Water Damage: Wind: Hail: Enhanced Water Damage:	

Additional Liability Exposures					
Optional coverages – applies only if coverage indicated and premium charged					
Umbrella Liability Limit(s)					
List locations	List vehicles (including recreational)	List watercraft (include length, HP & MPH)	Drivers	DOB dd/mm/yyyy	Driver's License No.
Personal Valuables					
Class	Scheduled value	No. of items	Largest value	Blanket values	Location of items
Fine arts					
Jewellery					
Jewellery in vault					
Silverware					
Musical instruments					
Stamps					
Coins					
Wine					
Collectibles					
Personal Valuables Continued					
Class	Scheduled value	No. of items	Largest value	Blanket values	Location of items
Other:					

Additional Information:	

Terms and Conditions: This application is designed to assist you with our quoting process. Once received, one of our team members will contact you. If you call us directly, you do not need to complete this form.

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