

Intact Insurance Company

Quote Application Form

Broker Information										
Broker name:				Broker phone:						
Broker code:				Broker email:						
Broker contact:				Provincial locations:						
Customer Information					-					
Name of customer(s):			Email:							
Submission date:			Effectiv	e date:						
	or insurer i	policy No:		surer expi	iry date:					
Reason for remarketing:		,		coverage	•					
Insured with broker since:			Custom	_						
Customer #1 Date of Birth and occi	upation:		Custome	er #2 Date	of Birth a	nd oc	cupation:			
Customer #1 Credit Consent obtain	ed: Nes	□ No □ Not requested	Custome	er #2 Credit	t Consent	t obtai	ined: 🔲 '	Yes □ No	пПи	ot requested
(not applicable in Newfoundland a				olicable in N					,	71.04400104
Prior address (if moved in the la	ist 3 years)	:								
			Non-sm	noking hou	usehold:	□ Y	'es 🗌 N	0		
Loss History (10 years)										
Detai	ls of Loss			[Date of I	Loss			Ar	nount Paid
Location No.1 – Coverage Form	1									
Risk type: Homeowner	n 🗌 Tei	nant 🗌	Use: Occupa		ncipal [acant [=				econdary 🗌
Location No. 1 – Street and/or Legal Address Including Postal Code			Year Built				Square Footage			
Address:				' 7 F	,			3.010	. 43	Toolage
Unrelated accurants.	\A/a+a+ ba	-4	No of				Duiana			
Unrelated occupants: ☐ Yes ☐ No	Water he Type:	ater Year:	NO. OF I	mortgages).		-	opraisal: olease pr		
Business conducted on premise	s: 🗌 Yes [No		ing pool:	_	s 🗌				
If yes, please describe:			Above {	ground:	∐ Ing	groun	d 📙			
Roofing		Plumbing		Electric	al			Prim	ary He	eat
			Update	vear.			Update	year:		
Update year: Update ye		ear·		percenta	ge:		Update percentage:			
Jpdate percentage: Update percentage:			Wiring type:			Туре:				
Type:	er derreage.	Panel type:				Assiliant Hook			oot	
7,6-2.	Type:		Amperage:			Auxiliary Heat Type of appliance: Fuel:			Fuel:	
			'				Type of	аррпап	LE.	ruei.
Mortgagee (name/address)	#1		#2							
Location No. 1 – Protection										
Distance to fire hall:		Distance to hydrant:	Within 3	00m 🔲 N	∕lore tha	ın 300) m !	Sprinkler	: 🔲 '	res 🗌 No
Superior Tanker Shuttle Protection:			Earthquake coverage: Yes No Deductible %: (available options vary by postal code)							
Customer has owned this location since:					(ava	iilable	options	vary by	postal	coae)
Customer has owned this locati			Deduct						postal	code)

	- Additional Pro	otection								
Automatic shutwater sensor(s): Yes No No. of sensor(s):		Automatic shut- with water flow Alarmed sump p Battery backup:	device:	Y	es No es No es No		. 🗆	Backwate Sump pu System(s		Yes No Yes No Yes No
24-hour security cameras: Full time live-in caretaker: Automatic seismic gas shutvalve: Monitored gas leak detection				Fire & burglar alarm:			rm: 🔲 Y	Yes No Monitored Local Yes No Monitored Local Yes No Monitored Local Monitored Local		
Location No. 1 -	- Dwelling Deta	ils		T						
Total living area (excluding basement): No. of bathrooms:				Finished basement: Ye Attached garage: Ye Detached garage: Ye			es No Construction and type:			
Pro	perty Insuranc	e – Limits of Insur	ance		Perso	nal Lia	ability		Deductib	le(s)
Dwelling Building	Additional Buildings	Personal Property	itional Expense	Limit of Insurance			Policy: Water Damage: Windstorm: Hail: Enhanced Water Damage:			
Additional Liabi	lity Exposures		l							
	, ,									
Location No.2 –	Coverage Form	n								
Risk type: Homeowner										
Location No.2 – Street and/or Legal Address Including Postal Co					ccupancy: Va	acant	Under	construc	tion or renov	ation 🗌
		Legal Address Incl	uding Po		ccupancy: Va		Under nstruction Type	Year Built	No. of Storeys	Square Footage
Address:	·	Legal Address Incl	uding Po		ccupancy: Va		nstruction	Year	No. of	Square
Address: Unrelated occup Yes \(\subseteq \text{No} \)		Water heater Type:	uding Po Year:		No. of mort	Cor	nstruction Type	Year Built Prior ap	No. of	Square Footage
Unrelated occup	pants:	Water heater				Cor tgages	Type :	Year Built Prior ap If yes, p	No. of Storeys	Square Footage
Unrelated occup Yes No Business conduct If yes, please de	pants: cted on premise scribe:	Water heater Type:	Year:		No. of more	Cor tgages	ristruction Type : Yes Above gro	Year Built Prior ap If yes, p	No. of Storeys ppraisal: Yolease provide	Square Footage es No e a copy.
Unrelated occup Yes No Business conduct	pants: cted on premise scribe: ing	Water heater Type:	Year:		No. of more Swimming E Update yea Update per Wiring type Panel type:	cor tgages pool: lectricar: rcentage:	restruction Type : Yes Above gro	Year Built Prior ap If yes, p No und: Update Update Type:	No. of Storeys ppraisal: Primary I year: percentage: Auxiliary	Square Footage Tes No e a copy. Heat
Unrelated occup Yes No Business conduct If yes, please de Roof Update year: Update percenta	pants: cted on premise scribe: ing	Water heater Type: es: Yes No Plur Update year: Update percenta	Year:		No. of more Swimming E Update yea Update per Wiring type	cor tgages pool: lectricar: rcentage:	restruction Type : Yes Above gro	Year Built Prior ap If yes, p No und: Update Update Type:	No. of Storeys ppraisal: Yelease provide Inground Primary Inground Prima	Square Footage es No e a copy. Heat
Unrelated occup Yes No Business conduct If yes, please de Roof Update year: Update percenta	pants: cted on premise scribe: ing age:	Water heater Type: es: Yes No Plur Update year: Update percenta	Year:		No. of more Swimming E Update yea Update per Wiring type Panel type:	cor tgages pool: lectricar: rcentage:	restruction Type : Yes Above gro	Year Built Prior ap If yes, p No und: Update Update Type:	No. of Storeys ppraisal: Primary I year: percentage: Auxiliary	Square Footage Tes No e a copy. Heat
Unrelated occup Yes No Business conduct If yes, please de Roof Update year: Update percenta Type:	pants: cted on premise scribe: ing age:	Water heater Type: es: Yes No Plur Update year: Update percenta Type:	Year:		No. of more Swimming E Update yea Update per Wiring type Panel type:	cor tgages pool: lectricar: rcentage:	restruction Type : Yes Above gro al	Year Built Prior ap If yes, p No und: Update Update Type:	No. of Storeys ppraisal: Primary I year: percentage: Auxiliary	Square Footage Tes No e a copy. Heat
Unrelated occup Yes No Business conduct If yes, please de Roof Update year: Update percenta Type: Mortgagee (name	cted on premise scribe: ing age: ne/address) - Protection	Water heater Type: es: Yes No Plur Update year: Update percenta Type: #1	Year:	stal Code	No. of more Swimming E Update yea Update per Wiring type Panel type:	cor tgages pool: lectricar: rcentage:	restruction Type : Yes Above gro al ge:	Year Built Prior ap If yes, p No und: Update Update Type: Type of	No. of Storeys ppraisal: Primary I year: percentage: Auxiliary	Square Footage es No e a copy. Heat Fuel:
Unrelated occup Yes No Business conduct If yes, please des Roof Update year: Update percenta Type: Mortgagee (name	cants: cted on premise scribe: ing age: ne/address) - Protection hall:	Water heater Type: es: Yes No Plur Update year: Update percenta Type: #1 Distar	Year:	stal Code	No. of more Swimming E Update yea Update per Wiring type Panel type: Amperage: Within 300m	tgages pool: lectric	rastruction Type : Yes	Year Built Prior ap If yes, p No und: Update Update Type: Type of	No. of Storeys Opraisal: Yolease provide Inground Primary I year: Operation of the percentage: Auxiliary Fappliance:	Square Footage es _ No e a copy. Heat Fuel: Yes _ No

Location No. 2 –	- Additional Pro	tection										
Automatic shut-off valve with water sensor(s): Automatic shut-off valve with water flow device] Yes 🗌 No	Septic system:		Backwater valve:			Yes No	
☐ Yes ☐ No		with water now device.			Yes 🗌 No				Sump pump:		Yes No	
No. of sensor(s):		Battery backup:	•] Yes 🗌 No		, , ,	Syster	m(s) alarme	a:	☐ Yes ☐ No	
24-hour security c Full time live-in ca		Automatic seismic gas sis: Shut-off valve: Monitored gas leak			Burglar alarm: Yes [Fire & burglar alarm: Yes [Fire protection: Yes [No Monitored Local No Monitored Local No Monitored Local No Monitored Local				
Pro	perty Insuranc	e – Limits of Insur	ance		Per	sonal Liab	ility		Dedu	uctib	le(s)	
Dwelling	Detached	Personal Additional							Policy:			
Building	Private	Property Living Expense			Lim	it of Insura	Water Damage:					
Danamb	Structures	Froperty Living Expense						Wind:				
								Hail: Enhanced Water Damage:				
								EIIII	anced wate	i Dai	nage:	
Additional Liabi	lity Exposures											
		nly if coverage indi	cated an	d prem	ium charged							
	<u> </u>			•								
Umbrella Liabili	ty Limit(s)											
		List vehicle	:S		List watercra	aft			DOB		Driver's	
List locations		(including recreational)		(inclu	(include length, HP & MPF		Drivers		dd/mm/yyyy		License No.	
			-		_	-						
Personal Valuab	les											
Class	Sched	duled value	No. of	fitems	Large	st value	Blan	ket va	alues	Loc	cation of items	
Fine arts												
Jewellery												
Jewellery in vaul	lt											
Silverware												
Musical instrum	ents											
Stamps												
Coins												
Wine												
Collectibles												
Personal Valuab												
Class	Sched	duled value	No. of	fitems	Large	st value	Blan	ket va	alues	Lo	cation of items	
Other:												
							-					

ditional Information:	

Disclaimer: Completion of this application does not indicate binding or confirm coverage.

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.