**APPLICANT:** Legal Name of Insured:

Principles, if a Company:

Mailing Address:

Location Address:

Loss Payable(s):

**PRIOR CARRIER INFORMATION:** Previous Insurer(s):       Policy No.:       Expiring/Target Premium:

Has the applicant or risk been cancelled, declined or refused insurance?  Yes  No Reason:

Is this new business to your office?  Yes  No How long has Insured been in business?       Years

**5 YEAR LOSS EXPERIENCE:** Have there been any insured or uninsured losses or claims at the property to be insured?  Yes  No

Describe all prior losses or claims including date, paid/reserve amount, cause, open/closed and whether the damage has been repaired:

**COVERAGES REQUIRED:** Date Coverage Required:

Building: $       Outbuildings $       Appliances.: $       Other Contents $       Liability (OL&T): $

**BUILDING INFORMATION:** Year built:       Year Purchased:       # of Stories:       Sq Footage:

BUILDING TYPE:  Detached Single Family Home  Other (Describe):

CONSTRUCTION:  Frame  Masonry  Non-Combustible  Fire Resistive  Other (Describe):

HEATING:  Natural gas furnace  Hot water boiler  Oil furnace  Electric  Woodstove\*  Other (Describe):

WIRING:  Fuses  Circuit Breakers  60 amp  100 amp  200 amp  Aluminum Wiring  Knob & Tube wiring

PLUMBING: Copper:       % PVC:       % Galvanized:       % Other:       % Describe:

UPDATE INFO: Heating:       Electrical:       Plumbing:       Roof:

**FIRE PROTECTION:** Fire hydrant: Within 300m?  Yes  No Firehall: Within 5m/8km?  Yes  No  Volunteer  Paid

**PRIVATE PROTECTION:** Fire Extinguishers?  Yes  No Smoke Detectors?  Yes  No Monitored Alarm?  Yes  No

**VACANCY INFORMATION:** How long property has been vacant:       Why:

Approximate duration of vacancy:       What is the anticipated future of this building:

Is the building(s) secured against unauthorized entry?  Yes  No Is the building heated to at least 15 degrees Celsius at all times:  Yes  No

Which Utilities are operational:  Electricity  Water  Heating  None

Is the property being maintained in a usable and salable condition at all times?  Yes  No Explain, if No:

What measures have been taken to prevent from looking unoccupied?

Who monitors/inspects interior & exterior of building (name & relationship)?       How often:

What arrangements have been made to maintain the property and attend the grounds?

Is the property undergoing any renovation/construction of any kind, or is any such work due to commence while insurance is in effect?  Yes  No

If the “yes” a) is any structural work or structural repairs involved?  Yes  No

b) Estimated Renovation or Construction Work Project Costs: $

c) Who is completing work?

d) What is CGL Limit carried by the Contractor?

e) Description of Renovation or Construction Work:

**DECLARATION:** I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties. Protection and Electronic Documents Act (PIPEDA)

Print name of proposed insured Signature of Applicant & Title Date

**BROKER:** Brokerage:       Tel No.:       Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Broker Date