BROKER: Agent/Broker:       Tel No.:

Address:       Email:

APPLICANT: Name of Insured:

Date(s) of Birth:       Occupation(s):

Mailing Address:

**\*if owner lives out of province or country of Location address please complete Questionnaire**

Location Address:

Mortgagee(s):

**\*if private or sub standard or more than 2 lenders, please complete Questionnaire**

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 have you known Insured?       Years

5 YEAR LOSS EXPERIENCE (date, paid/reserve amount, cause, open/closed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Insurer** | **Paid/Reserve** | Open/Closed | Type and Clause of Loss |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

COVERAGES REQUIRED: Date Coverage Required:       Building: $       Outbuildings:$

Liability :$       Contents $       Rental Income $       Bylaws $        Sewer Backup  Earthquake

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

BUILDING TYPE:  Detached  Semi-Detached  Townhouse  Condo  Other *(Describe):*

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

PRIMARY HEATING:  Gas furnace  Hot water boiler  **Oil furnace\***  Electric  **Woodstove/furnace\***  Other *(Describe)*:

AUXILIARY HEATING (if applicable):

WIRING:  Fuses  Circuit Breakers  60 amp  100 amp  200 amp  Aluminum Wiring  Knob & Tube wiring, if yes      %

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

UPDATE INFO: Heating:       Electrical:       Plumbing:       Roof:       Hot Water Tank:

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

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

OCCUPANCY INFORMATION:  Primary  Secondary  Seasonal\*  Rental\*  Other *(Describe):*

Is there more than one family in the home: Yes No If yes, explain:

Any dog(s) in the home? Yes\* No

Is there a swimming pool/hot tub on premises? Yes No If yes & outdoor is it fenced? Yes No

Any renovations to be undertaken? Yes\* No

Any self contained suites or short term rentals? Yes\* No

Any other business pursuits or farming on premises? Yes No If yes, explain:

**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

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

Signature of Broker Date