



HABITATIONAL INSURANCE APPLICATION

BILLING METHOD

INSURANCE COMPANY ☐ QUOTE ☐ NEW ☐ RENEWAL BINDER NUMBER POLICY NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

NAME
ADDRESS
CITY, PROV POSTAL CODE
CONTACT NAME
HOME CELL
BUSINESS FAX
EMAIL
WEBSITE
PREFERRED LANGUAGE

2. BROKER'S NAME AND POSTAL ADDRESS

NAME
ADDRESS
CITY, PROV POSTAL CODE
CONTACT NAME
BUSINESS CELL
EMAIL
BROKER CONTRACT NO. BROKER SUB-CONTRACT NO.
BROKER CLIENT ID COMPANY CLIENT ID
GROUP NAME GROUP ID

3. POLICY PERIOD

EFFECTIVE DATE YYYYMMDD TIME ☐ A.M. ☐ P.M. EXPIRY DATE YYYYMMDD AT 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S ADDRESS SHOWN ABOVE.

4. APPLICANT DATA

APPLICANT 1 NAME APPLICANT 2 NAME
OCCUPATION YEARS CONTINUOUSLY EMPLOYED OCCUPATION YEARS CONTINUOUSLY EMPLOYED
DATE OF BIRTH YYYYMMDD DATE OF BIRTH YYYYMMDD

5. LOSS HISTORY

CLAIMS HISTORY
REPORT DATE YYYYMMDD

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS?

☐ YES ☐ NO IF YES, COMPLETE THE TABLE BELOW.

DATE OF LOSS YYYYMMDD	LOC. NO.	CAUSE OF LOSS	STATUS	AMOUNT PAID	INSURANCE COMPANY	POLICY NUMBER
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			

DOES THE APPLICANT HAVE ANY KNOWLEDGE OR INFORMATION OF ANY FACT, CIRCUMSTANCE, OR SITUATION WHICH COULD REASONABLY GIVE RISE TO A CLAIM WHICH WOULD FALL WITHIN THE SCOPE OF THE PROPOSED INSURANCE?

☐ YES ☐ NO IF YES, PROVIDE DETAILS IN THE REMARKS SECTION.

6. POLICY HISTORY

CONTINUOUSLY
INSURED SINCE YYYYMMDD☐ FIRST TIME INSURED, NO PRIOR HABITATIONAL INSURANCE

INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE DATE YYYYMMDD	END DATE YYYYMMDD	REASON FOR ENDING	IF TERMINATED BY INSURER, REASON

IN THE PAST FIVE YEARS, HAS ANY INSURANCE COMPANY DECLINED, CANCELLED, REFUSED, OR INDICATED AN INTENT NOT TO RENEW ANY HABITATIONAL INSURANCE POLICY?

☐ YES ☐ NO IF YES, PROVIDE DETAILS IN THE REMARKS SECTION.

7. CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY

LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS POLICY NUMBER
LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS POLICY NUMBER



HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. _____

PREMIUM TABLE _____

TOWN ID CODE _____

NO. OF ATTACHMENTS _____

8. RISK ADDRESS

☐ SAME AS POSTAL ADDRESS

ADDRESS _____ CITY, PROV _____ POSTAL CODE _____

9. RATING INFORMATION

YEAR BUILT	NO. OF STOREYS	NO. OF FAMILIES	NO. OF UNITS	TOTAL LIVING AREA (excluding basement)	<input type="radio"/> sq ft <input type="radio"/> m ²	ACCESS TYPE	SMOKERS? <input type="radio"/> YES <input type="radio"/> NO
REPLACEMENT COST EVALUATOR PRODUCT	DATE EVALUATION COMPLETED			YYYYMMDD	DATE OF BIRTH OF ELDEST OCCUPANT	YYYYMMDD	RELATIONSHIP TO APPLICANT
OCCUPANCY TYPE _____				AUXILIARY HEATING TYPE		MAIN WATER VALVE SHUT OFF TYPE _____	
STRUCTURE TYPE _____				APPARATUS _____		NO. OF MAIN WATER VALVE SHUT OFF SENSORS _____	
FOUNDATION TYPE _____				FUEL _____		<input type="checkbox"/> SEWER BACKUP QUESTIONNAIRE ATTACHED	
FINISHED BASEMENT _____ %				LOCATION _____		FIRE PROTECTION	
EXTERIOR WALL FRAMING TYPE _____				PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO		DISTANCE TO HYDRANT _____	
EXTERIOR WALL FINISH TYPE _____				APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO		HYDRANT TYPE _____	
INTERIOR WALL CONSTRUCTION TYPE				NO. OF FACE CORDS PER YEAR _____		DISTANCE TO RESPONDING FIRE HALL _____	
_____ % _____ %				<input type="checkbox"/> SOLID FUEL HEATING QUESTIONNAIRE ATTACHED		FIRE HALL NAME _____	
_____ %				RADIANT HEATING AREA _____ <input type="radio"/> sq ft <input type="radio"/> m ²		SECURITY SYSTEM	
INTERIOR WALL HEIGHT				MAKE _____ YEAR _____		FIRE _____	
<input type="radio"/> ft _____ % <input type="radio"/> ft _____ % <input type="radio"/> ft _____ %				OIL TANK YEAR _____ <input type="radio"/> INSIDE <input type="radio"/> IN GROUND		BURGLARY _____	
<input type="radio"/> m _____ % <input type="radio"/> m _____ % <input type="radio"/> m _____ %				<input type="radio"/> OUTSIDE <input type="radio"/> ABOVE GROUND		SMOKE DETECTORS _____	
INTERIOR FLOOR FINISH TYPE				<input type="checkbox"/> FUEL OIL TANK QUESTIONNAIRE ATTACHED		SMOKE DETECTOR TYPE _____	
_____ % _____ %				PLUMBING TYPE		NO. OF DETECTORS _____	
_____ %				COPPER _____ % GALVANIZED _____ %		IF ANY OF THE ABOVE ARE MONITORED, MONITORED BY _____	
CEILING CONSTRUCTION TYPE				ABS _____ % PVC _____ %		<input type="checkbox"/> ALARM CERTIFICATE ATTACHED	
_____ % _____ %				PEX _____ % POLY-B _____ %		PREMISES ACCESS SECURITY TYPE _____	
_____ %				LEAD _____ % _____ %		HOME SPRINKLERED? <input type="radio"/> YES <input type="radio"/> NO	
UPGRADES FULL (YY) PARTIAL (YY)				WATER HEATER TYPE		BATHROOMS NO. OF FULL _____ NO. OF HALF _____	
ROOF _____				APPARATUS _____		KITCHENS NO. OF _____	
ELECTRICAL _____				WATER HEATER YEAR _____		KITCHEN #1 QUALITY _____	
HEATING _____				FUEL _____		KITCHEN #2 QUALITY _____	
PLUMBING _____				PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO		GARAGE/CARPORT NO. OF CARS _____	
ROOF COVERING TYPE _____				APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO		GARAGE TYPE _____	
ELECTRICAL WIRING TYPE _____				PRIMARY WATER MITIGATION TYPE		SWIMMING POOL YEAR _____	
ELECTRICAL PANEL TYPE _____				SUMP PUMP TYPE _____		POOL TYPE _____	
SERVICE _____ A				AUXILIARY POWER _____		POOL FENCED? <input type="radio"/> YES <input type="radio"/> NO	
PRIMARY HEATING TYPE				BACK UP VALVE _____			
APPARATUS _____				AUXILIARY WATER MITIGATION TYPE			
FUEL _____				SUMP PUMP TYPE _____			
LOCATION _____				AUXILIARY POWER _____			
PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO				BACK UP VALVE _____			
APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO							



HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. _____

DETACHED OUTBUILDINGS/STRUCTURES (Additional limits may be required on any heated outbuildings)

NO.	YEAR	STRUCTURE TYPE	EXTERIOR WALL FRAMING TYPE	HEATING APPARATUS TYPE	FUEL TYPE	TOTAL AREA	VALUE
1						<input type="radio"/> sq ft <input type="radio"/> m ²	
2						<input type="radio"/> sq ft <input type="radio"/> m ²	
3						<input type="radio"/> sq ft <input type="radio"/> m ²	

10. MORTGAGEE / LOSS PAYEE

NAME	NATURE OF INTEREST
1. ADDRESS _____	CITY, PROV/STATE _____ POSTAL/ZIP CODE _____
NAME	NATURE OF INTEREST
2. ADDRESS _____	CITY, PROV/STATE _____ POSTAL/ZIP CODE _____
NAME	NATURE OF INTEREST
3. ADDRESS _____	CITY, PROV/STATE _____ POSTAL/ZIP CODE _____

11. ATTACHMENTS

DESCRIPTION	DATE COMPLETED YYYYMMDD	DESCRIPTION	DATE COMPLETED YYYYMMDD

12. ADDRESS HISTORY

OCCUPANCY DATE
FOR THIS LOCATION

YYYYMMDD

IF OCCUPANCY IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESSES BELOW.

NO.	ADDRESS	CITY	PROV	POSTAL CODE	DATE MOVED IN YYYYMMDD	DATE MOVED OUT YYYYMMDD
1						
2						
3						

13. LIABILITY EXPOSURES

All YES answers may require liability extension coverage or remarks explaining coverage declined.

1. DO YOU OWN/RENT MORE THAN ONE LOCATION? <input type="radio"/> YES <input type="radio"/> NO	12. NUMBER OF FULL TIME RESIDENCE EMPLOYEES? _____
2. NUMBER OF WEEKS LOCATION RENTED TO OTHERS? _____	13. IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE? <input type="radio"/> YES <input type="radio"/> NO
3. NUMBER OF ROOMS RENTED TO OTHERS? _____	CO-OCCUPANT NAME _____
4. DAYCARE OPERATION - NUMBER OF CHILDREN _____	14. IS THERE ANY KIND OF BUSINESS OPERATION? <input type="radio"/> YES <input type="radio"/> NO
5. DO YOU OWN A TRAMPOLINE? <input type="radio"/> YES <input type="radio"/> NO	IF YES, DESCRIBE BUSINESS _____
6. DO YOU HAVE A GARDEN TRACTOR? <input type="radio"/> YES <input type="radio"/> NO	15. NUMBER OF DOGS IN THE HOUSEHOLD? _____
7. DO YOU HAVE A GOLF CART? <input type="radio"/> YES <input type="radio"/> NO	BREED(S) OF DOGS _____
8. NUMBER OF SADDLE/DRAFT ANIMALS? _____	16. TOTAL PROPERTY AREA (if greater than 1 acre) _____ <input type="radio"/> acres <input type="radio"/> hectares
9. DO YOU OWN ANY UNLICENSED RECREATIONAL VEHICLES? <input type="radio"/> YES <input type="radio"/> NO	17. NUMBER OF CANNABIS PLANTS GROWN ON PREMISES? _____
10. RENEWABLE ENERGY INSTALLATION ON PREMISES? <input type="radio"/> YES <input type="radio"/> NO	18. OTHER EXPOSURES _____
11. DO YOU OWN ANY WATERCRAFTS? <input type="radio"/> YES <input type="radio"/> NO	

HABITATIONAL INSURANCE APPLICATION

COVERAGES AND LIABILITY EXTENSIONS LOC. NO. _____

14. COVERAGES

COVERAGE FORM TYPE

RATING PLAN

COVERAGE DESCRIPTION	REQUESTED / DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					ESTIMATED PREMIUM
					1	2	3	4	5	
DWELLING BUILDING	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
DETACHED PRIVATE STRUCTURES	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
PERSONAL PROPERTY	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
ADDITIONAL LIVING EXPENSES	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
LEGAL LIABILITY	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
VOLUNTARY MEDICAL PAYMENTS	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
VOLUNTARY PROPERTY DAMAGE	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
SEWER BACKUP	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
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	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									

ESTIMATED PREMIUM FOR THIS SECTION _____

15. LIABILITY EXTENSIONS AND EXCLUSIONS

LIABILITY COVERAGE DESCRIPTION	REQUESTED / DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					ESTIMATED PREMIUM
					1	2	3	4	5	
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									

ESTIMATED PREMIUM FOR THIS SECTION _____

16. DISCOUNTS AND SURCHARGES

DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE	DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	

ESTIMATED PREMIUM FOR THIS SECTION _____

TOTAL ESTIMATED PREMIUM FOR THIS PAGE _____



TYPE OF PAYMENT PLAN	ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	ADDITIONAL CHARGES <div> <input type="radio"/> \$ <input type="radio"/> % </div>	TOTAL ESTIMATED COST
AMOUNT PAID WITH APPLICATION	AMOUNT STILL DUE	NO. OF REMAINING INSTALMENTS	AMOUNT OF EACH INSTALMENT	INSTALMENT DUE DATE

[illegible]

19. 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.

20. PERSONAL INFORMATION CONSENT**For all provinces and territories except Newfoundland and Labrador:**

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purposes identified above. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing. By withdrawing or failing to provide my consent to the use of credit information, I understand that I may not benefit from the best rate available to me.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

If any other individuals wish to provide their consent with respect to the use of their credit information, they may provide their consent by also signing below.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

For Newfoundland and Labrador:

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information;

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purpose of determining eligibility and conditions for a premium payment plan. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or 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.

APPLICANT'S SIGNATURE	DATE	YYYYMMDD	APPLICANT'S SIGNATURE	DATE	YYYYMMDD
X			X		

21. BROKER QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE?	<input type="radio"/> YES <input type="radio"/> NO	SINCE WHAT DATE HAVE YOU KNOWN THIS APPLICANT?	HAVE YOU BOUND THE RISK?	<input type="radio"/> YES <input type="radio"/> NO
ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW?		<input type="radio"/> YES <input type="radio"/> NO	IF YES, PROVIDE DETAILS IN REMARKS	
HAVE YOU SEEN THE PRIMARY LOCATION?	<input type="radio"/> YES <input type="radio"/> NO	IF YES, WHEN?	CONDITION OF PROPERTY	
BROKER'S NAME (Please print)			BROKER'S SIGNATURE	