

INSURANCE
COMPANY

Intact Insurance

☐ QUOTE
☒ NEW
☐ RENEWAL
BINDER
NUMBER

A79842

POLICY
NUMBER

1987643

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

NAME Andy Jiang

ADDRESS 8 Adelaide Street West

CITY, PROV Scarborough, ON POSTAL CODE W1B0A2

CONTACT NAME Bob Miller Jr.

HOME 416-888-4887 CELL 647-878-9913

BUSINESS 647-878-4932 FAX 888-187-9457

EMAIL Andy.jiang@yahoo.com

WEBSITE deloitte.ca

PREFERRED LANGUAGE

2. BROKER'S NAME AND POSTAL ADDRESS

NAME Charlie Wang

ADDRESS 10 St. George King Avenue

CITY, PROV Peterborough, BC POSTAL CODE A1V2B7

CONTACT NAME John Doe

BUSINESS 416-887-1234 CELL 187-888-1487

EMAIL johndoe@gmail.com

BROKER CONTRACT NO. 187B482 BROKER SUB-CONTRACT NO. 1987423

BROKER CLIENT ID 12984872 COMPANY CLIENT ID 18478942

GROUP NAME GROUP ID 123487

3. POLICY PERIOD

EFFECTIVE DATE YYYYMMDD 2018/08/19 TIME 12:30 ☒ A.M. ☐ P.M. EXPIRY DATE YYYYMMDD 2017/08/17 AT 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S ADDRESS SHOWN ABOVE.

4. APPLICANT DATA

APPLICANT 1 NAME Bob Miller

OCCUPATION YEARS CONTINUOUSLY EMPLOYED 5

DATE OF BIRTH YYYYMMDD 1998/18/04

APPLICANT 2 NAME Jessica McTagg

OCCUPATION YEARS CONTINUOUSLY EMPLOYED 8

DATE OF BIRTH YYYYMMDD 2018/04/17

5. LOSS HISTORY

CLAIMS HISTORY
REPORT DATE YYYYMMDD 20190812

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
2018/04/17	103		<input checked="" type="radio"/> OPEN <input type="radio"/> CLOSED	401.15	Desjardins Insurance	19874827
			<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 2018/04/17☐ 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
Manulife	148731	2018/04/12	2019/05/13		

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 137842

LINE OF BUSINESS POLICY NUMBER 198742

LINE OF BUSINESS POLICY NUMBER 184732

LINE OF BUSINESS POLICY NUMBER 1732



HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. 54PREMIUM TABLE 12TOWN ID CODE 103NO. OF ATTACHMENTS 4

8. RISK ADDRESS

☐ SAME AS POSTAL ADDRESSADDRESS 8 Adelaide StreetCITY,
PROV Toronto, ONPOSTAL
CODE 12784

9. RATING INFORMATION

YEAR BUILT 1998 NO. OF STOREYS 3 NO. OF FAMILIES 1 NO. OF UNITS 3 TOTAL LIVING AREA (excluding basement) 2000 ☒ sq ft ☐ m² ACCESS TYPE _____ SMOKERS? ☒ YES ☐ NO

REPLACEMENT COST EVALUATOR PRODUCT _____ DATE EVALUATION COMPLETED _____ YYYMMDD DATE OF BIRTH OF ELDEST OCCUPANT _____ YYYMMDD RELATIONSHIP TO APPLICANT _____

OCCUPANCY TYPE

STRUCTURE TYPE

FOUNDATION TYPE

FINISHED BASEMENT 67 %EXTERIOR WALL FRAMING
TYPE _____

EXTERIOR WALL FINISH TYPE _____

INTERIOR WALL CONSTRUCTION TYPE

89 % 45 %92 %

INTERIOR WALL HEIGHT

☒ ft 88 % ☒ ft 49 % ☒ ft 31 %

INTERIOR FLOOR FINISH TYPE

45 % 19 %15 %

CEILING CONSTRUCTION TYPE

100 % 0 %0 %

UPGRADES FULL (YY) PARTIAL (YY)

ROOF 18 12ELECTRICAL 17 13HEATING 15 14PLUMBING 11 18

ROOF COVERING TYPE

ELECTRICAL WIRING TYPE

ELECTRICAL PANEL TYPE

SERVICE 12 A

PRIMARY HEATING TYPE

APPARATUS _____

FUEL _____

LOCATION _____

PROFESSIONALLY INSTALLED? ☒ YES ☐ NOAPPROVED BY ULC, CSA, OR WH? ☐ YES ☒ NO

AUXILIARY HEATING TYPE

APPARATUS _____

FUEL _____

LOCATION _____

PROFESSIONALLY INSTALLED? ☒ YES ☐ NOAPPROVED BY ULC, CSA, OR WH? ☒ YES ☐ NONO. OF FACE CORDS PER YEAR 20☒ SOLID FUEL HEATING QUESTIONNAIRE ATTACHEDRADIANT HEATING AREA 1500 ☒ sq ft ☐ m²MAKE Goodlife YEAR 2013OIL TANK YEAR 2003 ☒ INSIDE ☐ IN GROUND ☐ OUTSIDE ☒ ABOVE GROUND☒ FUEL OIL TANK QUESTIONNAIRE ATTACHED

PLUMBING TYPE

COPPER 09 % GALVANIZED 4 %ABS 14 % PVC 41 %PEX 12 % POLY-B 30 %LEAD 11 % PVC 10 %

WATER HEATER TYPE

APPARATUS _____

WATER HEATER YEAR 2013

FUEL _____

PROFESSIONALLY INSTALLED? ☐ YES ☒ NOAPPROVED BY ULC, CSA, OR WH? ☒ YES ☐ NO

PRIMARY WATER MITIGATION TYPE

SUMP PUMP TYPE _____

AUXILIARY POWER _____

BACK UP VALVE _____

AUXILIARY WATER MITIGATION TYPE

SUMP PUMP TYPE _____

AUXILIARY POWER _____

BACK UP VALVE _____

MAIN WATER VALVE SHUT OFF TYPE

NO. OF MAIN WATER VALVE SHUT OFF SENSORS 11☒ SEWER BACKUP QUESTIONNAIRE ATTACHED

FIRE PROTECTION

DISTANCE TO HYDRANT _____

HYDRANT TYPE _____

DISTANCE TO RESPONDING
FIRE HALL _____FIRE HALL NAME Fire Hall 123

SECURITY SYSTEM

FIRE _____

BURGLARY _____

SMOKE DETECTORS _____

SMOKE DETECTOR TYPE _____

NO. OF DETECTORS 4

IF ANY OF THE ABOVE ARE MONITORED, MONITORED BY

Survey Co.☒ ALARM CERTIFICATE ATTACHED

PREMISES ACCESS SECURITY TYPE

HOME SPRINKLERED? ☐ YES ☒ NOBATHROOMS NO. OF FULL 3 NO. OF HALF 1KITCHENS NO. OF 2

KITCHEN #1 QUALITY _____

KITCHEN #2 QUALITY _____

GARAGE/CARPORT NO. OF CARS 2

GARAGE TYPE _____

SWIMMING POOL YEAR 2018

POOL TYPE _____

POOL FENCED? ☒ YES ☐ NO

HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. 54

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	1997					1500 <input checked="" type="radio"/> sqft <input type="radio"/> m ²	123
2	1984					1200 <input checked="" type="radio"/> sqft <input type="radio"/> m ²	847
3	1800					1987 <input type="radio"/> sqft <input checked="" type="radio"/> m ²	952

10. MORTGAGEE / LOSS PAYEE

1. NAME <u>Bob Andrew Jackson</u>	NATURE OF INTEREST _____
ADDRESS <u>6 Bay Street</u>	CITY, PROV/STATE <u>Toronto, BC</u> POSTAL/ZIP CODE <u>187343</u>
2. NAME _____	NATURE OF INTEREST _____
ADDRESS _____	CITY, PROV/STATE _____ POSTAL/ZIP CODE _____
3. NAME _____	NATURE OF INTEREST _____
ADDRESS _____	CITY, PROV/STATE _____ POSTAL/ZIP CODE _____

11. ATTACHMENTS

DESCRIPTION	DATE COMPLETED YYYYMMDD	DESCRIPTION	DATE COMPLETED YYYYMMDD
	<u>2018/04/12</u>		<u>2019/03/45</u>

12. ADDRESS HISTORY

OCCUPANCY DATE FOR THIS LOCATION YYYYMMDD
20184219

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	<u>24 King Street West</u>	<u>Brampton</u>		<u>L42019</u>	<u>20031942</u>	<u>20131942</u>
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 checked="" type="radio"/> YES <input type="radio"/> NO	12. NUMBER OF FULL TIME RESIDENCE EMPLOYEES? <u>10</u>
2. NUMBER OF WEEKS LOCATION RENTED TO OTHERS? <u>52</u>	13. IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE? <input checked="" type="radio"/> YES <input type="radio"/> NO
3. NUMBER OF ROOMS RENTED TO OTHERS? <u>3</u>	CO-OCCUPANT NAME <u>Andy Jeeang</u>
4. DAYCARE OPERATION - NUMBER OF CHILDREN <u>0</u>	14. IS THERE ANY KIND OF BUSINESS OPERATION? <input type="radio"/> YES <input checked="" type="radio"/> NO
5. DO YOU OWN A TRAMPOLINE? <input checked="" type="radio"/> YES <input type="radio"/> NO	IF YES, DESCRIBE BUSINESS _____
6. DO YOU HAVE A GARDEN TRACTOR? <input checked="" type="radio"/> YES <input type="radio"/> NO	15. NUMBER OF DOGS IN THE HOUSEHOLD? <u>20</u>
7. DO YOU HAVE A GOLF CART? <input type="radio"/> YES <input checked="" type="radio"/> NO	BREED(S) OF DOGS _____
8. NUMBER OF SADDLE/DRAFT ANIMALS? <u>0</u>	16. TOTAL PROPERTY AREA (if greater than 1 acre) <u>10</u> <input checked="" type="radio"/> acres <input type="radio"/> hectares
9. DO YOU OWN ANY UNLICENSED RECREATIONAL VEHICLES? <input type="radio"/> YES <input checked="" type="radio"/> NO	17. NUMBER OF CANNABIS PLANTS GROWN ON PREMISES? <u>21</u>
10. RENEWABLE ENERGY INSTALLATION ON PREMISES? <input checked="" type="radio"/> YES <input type="radio"/> NO	18. OTHER EXPOSURES <u>N/A</u>
11. DO YOU OWN ANY WATERCRAFTS? <input checked="" type="radio"/> YES <input type="radio"/> NO	

COVERAGE FORM TYPE

RATING PLAN

[illegible]

ESTIMATED PREMIUM FOR THIS SECTION 9,300

[illegible]

ESTIMATED PREMIUM FOR THIS SECTION 4200

DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE	DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE
	10	<input checked="" type="radio"/> YES <input type="radio"/> NO	420		5	<input checked="" type="radio"/> YES <input type="radio"/> NO	210
		<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 6.20

TOTAL ESTIMATED PREMIUM FOR THIS PAGE 29800

17. PREMIUM INFORMATION

TYPE OF PAYMENT PLAN	ESTIMATED POLICY PREMIUM 42000	PROVINCIAL SALES TAX (if applicable) —	ADDITIONAL CHARGES 2000 <input checked="" type="radio"/> \$ <input type="radio"/> %	TOTAL ESTIMATED COST 44000
AMOUNT PAID WITH APPLICATION 2000	AMOUNT STILL DUE 42000	NO. OF REMAINING INSTALMENTS 200	AMOUNT OF EACH INSTALMENT 100	INSTALMENT DUE DATE Aug 8, 1942

18. REMARKS

Have a good day!

It's Fine.

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 <small>YYYYMMDD</small> 20190812	APPLICANT'S SIGNATURE 	DATE <small>YYYYMMDD</small> 20190914
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21. BROKER QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? ☒ YES ☐ NO SINCE WHAT DATE HAVE YOU KNOWN THIS APPLICANT? 20130812 HAVE YOU BOUND THE RISK? ☒ YES ☐ NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? ☐ YES ☒ NO IF YES, PROVIDE DETAILS IN REMARKS

HAVE YOU SEEN THE PRIMARY LOCATION? ☐ YES ☒ NO IF YES, WHEN? YYYYMMDD

BROKER'S NAME
(Please print) Bob Miller Johnson

CONDITION OF
PROPERTY
BROKER'S
SIGNATURE 