CSIO CEPA	_H	ABITATI	ONAL	INSU	IRAN	CE AI	PPLICA'	TION	BILLING COMPANY BROKER/AGENT				
INSURANCE (COMPAN	Y				QUOTE NEW	POLICY NUMBI	ΕR	BINDER NUMBER				
1. APPLIC	ANT'S F	FULL NAME AND POSTA	AL ADDRESS			2. BROKER	RAGE/AGENCY INFO	RMATION					
				POSTAL CODE					POSTAL CODE				
CONTACT NUI	MBER(S)		TYPE	NO.		BROKER CODE		CONT	ACT				
TYPE	NO		TYPE	NO.		PHONE NO.		FAX N	0.				
PREFERRED	DOCUME	NT LANGUAGE	TENGLISH	FREN	CH	CONTRACT NUI	MBER	SUB-C	ONTRACT NUMBER				
EMAIL ADDRE	ESS		_			GROUP / PROG	RAM NAME	GROU	PID				
WEBSITE AD	DRESS					BROKER CLIEN	IT ID	COMP	ANY CLIENT ID				
3. POLICY	/ PERIO	D											
EFFECTIVE D	ATE	TIT	МЕ	A.M. P.M. [EXPIRY DAT	 E	AT 12:01 A.M.	ALL TIMES	ARE LOCAL TIMES AT THE APPLICANT'S				
4. APPLIC	ANT DA							POSTALAI	ODRESS STATED HEREIN.				
INSURED NA						CO-INSURED N	NAME						
OCCUPATION	N					OCCUPATION							
YEARS CONT	TINUOUSL	Y EMPLOYED	DATE OF BIRTH			YEARS CONTI	NUOUSLY EMPLOYED	DA	TE OF BIRTH				
OCCUPANCY	DATE		IF OCCUPANCY D	ATE IS LESS THA	AN 3 YEARS, PRO	OVIDE PREVIOUS	SADDRESS	l					
									POSTAL CODE				
5. LOSS H	IISTORY	CLAIMS HIS	TORY REPORT DAT	E									
HAVE THERE	BEEN AN	Y LOSSES OR CLAIMS BY 1	HE APPLICANT IN	THE PAST 5 YEA	RS? TYES	□ NO IF YE	S, COMPLETE THE CHA	RT BELOW					
LOSS DATE	LOC.#	CA	USE		CLAIM SETTLED (Y/N)	PAID AMOUNT	POLICY NUMBER		INSURANCE COMPANY				
6(A). POLI	CY HIST	ORY FIRS	T TIME INSURED [
LIAO ANIVINO	LIDANIOE	COMPANY DEFLICED TO DE	DOVIDE INQUIDANO	E IN THE DAOT E	VEADOO DV								
		COMPANY REFUSED TO PE JRANCE REFUSAL TYPE			_	_	TRICTED COVERAGE						
		E COMPANY											
		E COMPANY							PIRY DATE				
SINCE WHAT	DATE HA	S THE APPLICANT HAD HA INSURANCE COMPANY?			_				olease provide details in remarks.				
6(B). CRO	SS REFE	ERENCE INFORMATION											
	POLICIES	S WITH THIS INSURANCE C	OMPANY										
LINE OF BUSINESS			PC	DLICY NUMBER									
LINE OF BUSINESS			PC	DLICY NUMBER _									

CSIO HA	BITA	ΓΙΟΝ			JRANCE A INFORMATION LOC #	PPL	IC/	TION	TOWN II	M TABLE O CODE ATTACHMEN	ITS		
7. RISK ADDRESS	SAME	E AS POSTAL A											
ACCESS: EASY ACCESS	S ROAD	DIFFICULT ACC	CESS ROAD	ISL/	AND ISOLATED RUR	AL [OTHE	R					
8. MORTGAGEE / LOSS	PAYEE(S)								NAT	JRE OF INT	EREST		
9. RATING INFORMATION	N												
REPLACEMENT COST EVALUATOR PRODUCT			AR JILT		OF # OF TOREYS FAMILIES	# OF UNITS		OTAL LIVING AREA excluding basement)		☐ sq.	FT. SQ. 1		
DATE EVALUATION COMPLETED (YYYY/MM/DD)			MOKER(S)? Y/N	D	PATE OF BIRTH OF ELDEST DCCUPANT (YYYY/MM/DD)		F	ELATIONSHIP TO					
OCCUPANCY	EXTERIOR WAI	LL FRAMING	HEATING TY		OCCOPANT (TTTT/WW/DD)		_	SECURITY SYSTEM	Y/N	LOCAL	MONITORE		
PRIMARY	WOOD FRAME		PRIMARY HE	ATING AP	PARATUS		F	IRE					
SECONDARY	CONCRETE BLO MASONRY FRAI		FUEL					BURGLAR					
SEASONAL	LOG	WIL .	LOCATION				,	SMOKE DETECTORS					
RENTAL	FIRE RESISTIVE	≣	AUXILIARY H	EATING A	PPARATUS			DETECTOR TYPE			NO:		
VACANT			FUEL				1	MONITORED BY					
UNOCCUPIED	EVERIOR WA		LOCATION				ALARM CERTIFICATE ATTACHED						
UNDER CONSTRUCTION	EXTERIOR WAI	LL FINISH	NO. OF FACE	CORDS P	PER YEAR		SPRINKLER						
	BRICK VENEER	2	HEATING UNI	T PROFE	SSIONAL INSTALLATION	5	SECURITY TYPE						
STRUCTURE TYPE/STYLE	VINYL SIDING		HEATING UNI	T ULC, CS	SA, OR WH APPROVED		WATER MITIGATION MEASURES IN PLACE						
DETACHED	STUCCO		RADIANT HEA	ATING ARI	EA SQ.M.		_						
SEMI-DETACHED	STONE VENEER	₹	MAKE			YEAR	_						
ROWHOUSE / TOWNHOUSE (END)	SOLID BRICK		OIL TANK			- 1	JPDATE YEAR	FULL (YY)	PARTIA (YY)				
ROWHOUSE / TOWNHOUSE (INSIDE)	ALUMINUM/MET	TAL SIDING					HEATING						
HIGHRISE	WOOD		YEAR		INSIDE OUTSIDE	DUND	ROOFING						
MOBILE HOME			7			_ ABOVE GIVE		TYPE			•		
MULTIPLEX			FIRE PROTE	CTION				ELECTRICAL	AMPS				
							□ BREAKERS □ KNOB & TUBE						
FOUNDATION	1		UNP	ROTECTE	SUPERIOR SHUTTLE SERVICE	[FUSES ALUMINUM						
POURED CONCRETE	SLAB/CONCRET	TE SLAB	T N	И. OF HYD	DRANT KM. C	F FIREHALL	-	PLUMBING					
CONCRETE BLOCK	STONE		FIREHALL				COPPER% PLASTIC%						
CRAWLSPACE			NAME:				GALVANIZED %						
FINISHED BASEMENT	%	·	1				'	SALVANIZED %					
INTERIOR DETAILS	TYPE		•	%	TYPE		%	TYPE			%		
INTERIOR WALL CONSTRUCTION	ON												
INTERIOR FLOOR FINISH													
CEILING CONSTRUCTION													
ADDITIONAL INTERIOR DETAIL	 _S												
WALL HEIGHT FT.	M. %	NUMBI	ER OF KITCHENS	 3:				NUMBER OF BATI	HROOMS: F	ULL			
		NO.	QUALITY		_						_		
			BUILDEF	R'S GRAD	E CUSTOM				F	IALF	_		
			BUILDER	R'S GRAD	E CUSTOM								
SWIMMING POOL					GARAGE / CARPORT								
			7		ATTACHED CARACTON			BUIL	T-IN BA	SEMENT			

ABOVE GROUND WITH FENCE YEAR _ ATTACHED GARAGE? Y/N WITHOUT FENCE IN GROUND ATTACHED CARPORT? Y/N SIZE - # OF CARS ${\tt DETACHED\ OUTBUILDING(S)/OTHER\ STRUCTURE(S)\ (Additional\ limits\ required\ or\ any\ heated\ outbuildings)}$ TOTAL AREA STRUCTURE YEAR NO. BUILT VALUE (Included in detached private structure limit) STRUCTURE TYPE EXTERIOR WALL FRAMING **HEATING APPARATUS FUEL**

	2010
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-C	EPA \blacksquare

HABITATIONAL INSURANCE APPLICATION

CEPA	y		C	OVERA	AGE AND L	IABILITY I	EXTEN	NSIONS	S LOC	C #_									
10. COV	ERAGE: FO	RMS, LIMITS & DEDU	JCTIBLES																
	FORM AND	·							R	RATIN	NG PLAN	DED	. \$			DED			
DWE	LLING DING	DETACHED PRIVATE STRUCTURE	PERSONA PROPERT	AL.	ADDITION	IAL	LEC	GAL BILITY		VOLUNTARY MEDICAL PAYMENTS		VOLUNTARY PROPERTY DAMAGE				TYPE ESTIMATED BASE PREMIU			
	DING			ΓY				BILITY			EDICAL PAYMENTS	-	PROPER	TY DAM	\GE	+-	BASE	PREMIUM	
\$		\$	\$		\$	\$				\$		\$				\$			
11. ADDI	ITIONAL CO	OVERAGE (Specify ra	ting informati	on, limit	s, deductible	es, etc.)													
CODE		COVERACE DESCRI	DTION		COVERAGE	AMOUNT O)F	DEDUC	TIDI E		DEDUCTIBLE		TY	PE OF			_	DEMILIM	
CODE		COVERAGE DESCRI	PTION		REQUESTED Y/N	INSURANC	E	DEDUC	IIBLE		TYPE	1 2		3 4		5		PREMIUM	
GUARR	GUARANT	EED REPLACEMENT CO	ST-BUILDING													+			
										\dashv						+			
GRCE		MENT COST ON CONTEN ERS BUILDING	ALL RIS	SK .											├	+-			
	IMPROVEN	MENTS AND BETTERMEN		PERILS						_					├	+			
	LOSS ASS	ESSMENT		PERILS											<u> </u>	↓			
CCLA	CONDOMI	NIUM CONTINGENT LEG	AL LIABILITY																
HSL	SINGLE LII	MIT																	
SEWER	SEWER BA	ACK-UP																	
IDTFT	IDENTITY '	THEFT																	
RENT	RENTAL IN															<u> </u>			
BYLAW		NDORSEMENT								_						+			
															_	+			
ERQK	EARTHQU															+-			
ERQKF	POST-EAR	THQUAKE DAMAGE								_					<u> </u>	₩			
PERLI	PERSONA	L LIABILITY (UMBRELLA)																	
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										\dashv					 	+-			
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											PREMIUN	/I FOR	THIS	SECT	ON	\$			
12(A). LI	ABILITY EX	POSURES (Yes answ	ers require li	ability ex	ctension cov	erage or rer	narks e	explaini	ing co	vera	ge declined.)								
DO YOU O	WN / RENT M	ORE THAN ONE LOCATION	ON?			-		NY WATE											
		OCATION RENTED TO OT	HERS?			-					EMPLOYEES								
		ENTED TO OTHERS? - NUMBER OF CHILDREN	J			IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE? CO-OCCUPANT NAME													
	WN A TRAMP		•			IS THERE ANY KIND OF BUSINESS OPERATION?													
		EN TRACTOR?				IF YES, DESCRIBE BUSINESS										<u> </u>			
DO YOU H	AVE A GOLF	CART?				NUMBER OF DOGS IN THE HOUSEHOLD													
		DRAFT ANIMALS?				BREED(S) OF DOGS													
		LICENSED RECREATIONA INSTALLATION ON PREM				OTHER E	,	-											
		TENSIONS FROM PE		ATION															
CODE	7.5.2 27	LIABILITY COVERAG				AMOUNT O	DEDUCTIBLE		TIRLE DEDUCTIBLE		TY		TYPE OF				REMIUM		
CODE		LIABILITY COVERAC	JL DESCRIPTION	/N		INSURANC	E '	DEDUCT	IDLL		TYPE	1	2	3	4	5		I LIMIONI	
	l .						-				PREMIUN	/I FOR	THIS	SECT	ION	\$			
13. DIS	COUNTS A	ND SURCHARGES					DIS	COUNT	TS AND	D SL	JRCHARGES con			0201	-	_			
		TS AND SURCHARGES		0/	APPLIED TO	PREMIUN	_				AND SURCHARGES		<u>='</u>	0/		PPLIE		DDEMUM	
CODE	DESCRIPT			%	PREMIUM Y/N	PREWION	1 00	DI DI	ESCRIP	PTIOI	N			%		PREMII Y/N		PREMIUM	
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										TOT	TAL ESTIMATED I	PREM	IUM TI	IIS PA	GE	\$			

TOTAL ESTIMATE PLANS TOTAL ESTIMATE PLANS TOTAL ESTIMATED COST	CSIO CEPA	HA	BITATIO	NAL	INSL	JR	ANCE	APF	LICAT	ION		
ATTACHMENTS ATTACHMENTS DESCRIPTION DESCR					DAY/45117 DI A	==			¢ / 0/ ADDITIONAL	OUADOEO		
TAYLORNENTS SECREPTION CONFITTED ATTACHMENTS DESCRIPTION CONFITTED ATTACHMENT DESCRIPTION CON	TOTAL ESTIMAT	ED POLICY PREMIUN	PROVINCIAL SALES TAX (if applicable)	PAYMENT PLA	N ES	TIMATED INSTALLI	MENT AMOUNT		CHARGES	TOTAL ESTI	MATED COST
TATAL DISCLOSURE	15. ATTACHM	IENTS							L			
TYAN FULL DISCLOSURE Link Agriculture and the insurer his requested information from 8, have reviewed all parts of and attachments to this application and declare that all of the information is trust and concern even fill the information is trust and concern even fill the information has been entered or suggested by link representable of the incurrence or by the insurance broken. Lundensland that acceptance of this application and declare that all of the information is trust and concern even fill the information and the concernment is trusted to the property to be required by the insurance broken. Lundensland that acceptance of this application for resusance is based on the outside the property to be required by the insurance broken. Lundensland that acceptance of this application for resusance is based on the outside the property to be required by the insurance broken. Lundensland that acceptance of this application for resusance is based on the outside the property to be required by the insurance broken. Lundensland that acceptance of this application for resusance is based on the outside the property to the property to the property of t					DATI	TED	ATTACHMENTS	DESCRIPTIO	N			
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