



HABITATIONAL INSURANCE APPLICATION

BILLING☐ COMPANY ☐ BROKER/AGENT

INSURANCE COMPANY

☐ QUOTE
☐ NEW
☐ RENEWAL

POLICY NUMBER

BINDER NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS**2. BROKERAGE/AGENCY INFORMATION**CONTACT NUMBER(S)
TYPE NO. TYPE NO. POSTAL CODEBROKER
CODECONTACT
NAME

TYPE NO. TYPE NO.

PHONE NO.

FAX NO.

PREFERRED DOCUMENT LANGUAGE ☐ ENGLISH ☐ FRENCH

CONTRACT NUMBER

SUB-CONTRACT NUMBER

EMAIL ADDRESS

GROUP / PROGRAM NAME

GROUP ID

WEBSITE ADDRESS

BROKER CLIENT ID

COMPANY CLIENT ID

3. POLICY PERIODEFFECTIVE DATE TIME A.M. ☐ P.M. ☐ EXPIRY DATE AT 12:01 A.M.ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S
POSTAL ADDRESS STATED HEREIN.**4. APPLICANT DATA**

INSURED NAME

CO-INSURED NAME

OCCUPATION

OCCUPATION

YEARS CONTINUOUSLY EMPLOYED

DATE OF BIRTH

YEARS CONTINUOUSLY EMPLOYED

DATE OF BIRTH

OCCUPANCY DATE IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS

POSTAL
CODE**5. LOSS HISTORY**

CLAIMS HISTORY REPORT DATE

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS? ☐ YES ☐ NO IF YES, COMPLETE THE CHART BELOW

LOSS DATE	LOC. #	CAUSE	CLAIM SETTLED (Y/N)	PAID AMOUNT	POLICY NUMBER	INSURANCE COMPANY

6(A). POLICY HISTORYFIRST TIME INSURED ☐HAS ANY INSURANCE COMPANY REFUSED TO PROVIDE INSURANCE IN THE PAST 5 YEARS? ☐ YES ☐ NOIF YES, INDICATE INSURANCE REFUSAL TYPE ☐ CANCELLED ☐ DECLINED ☐ REFUSED RENEWAL ☐ RESTRICTED COVERAGE

BY WHICH INSURANCE COMPANY REASON

PREVIOUS INSURANCE COMPANY POLICY NUMBER EXPIRY DATE

SINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL
INSURANCE WITH ANY INSURANCE COMPANY? HAS IT BEEN CONTINUOUS? ☐ YES ☐ NO If no, please provide details in remarks.**6(B). CROSS REFERENCE INFORMATION**

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY

LINE OF BUSINESS POLICY NUMBER
LINE OF BUSINESS POLICY NUMBER



HABITATIONAL INSURANCE APPLICATION

PREMIUM TABLE
TOWN ID CODE
NO. OF ATTACHMENTS

UNDERWRITING INFORMATION LOC # _____

7. RISK ADDRESS ☐ SAME AS POSTAL ADDRESS

ACCESS: ☐ EASY ACCESS ROAD ☐ DIFFICULT ACCESS ROAD ☐ ISLAND ☐ ISOLATED RURAL ☐ OTHER _____

8. MORTGAGEE / LOSS PAYEE(S)

NATURE OF INTEREST

9. RATING INFORMATION

REPLACEMENT COST EVALUATOR PRODUCT	YEAR BUILT	# OF STOREYS	# OF FAMILIES	# OF UNITS	TOTAL LIVING AREA (excluding basement) <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.
DATE EVALUATION COMPLETED (YYYY/MM/DD)	SMOKER(S)? Y/N	DATE OF BIRTH OF ELDEST OCCUPANT (YYYY/MM/DD)			RELATIONSHIP TO APPLICANT

OCCUPANCY	EXTERIOR WALL FRAMING	HEATING TYPE	SECURITY SYSTEM	Y/N	LOCAL	MONITORED
PRIMARY	WOOD FRAME	PRIMARY HEATING APPARATUS	FIRE			
SECONDARY	CONCRETE BLOCK / MASONRY FRAME	FUEL	BURGLAR			
SEASONAL	LOG	LOCATION	SMOKE DETECTORS			
RENTAL	FIRE RESISTIVE	AUXILIARY HEATING APPARATUS	DETECTOR TYPE	NO:		
VACANT		FUEL	MONITORED BY			
UNOCCUPIED	EXTERIOR WALL FINISH	LOCATION	ALARM CERTIFICATE ATTACHED			
UNDER CONSTRUCTION		NO. OF FACE CORDS PER YEAR	SPRINKLER			
	BRICK VENEER	HEATING UNIT PROFESSIONAL INSTALLATION	SECURITY TYPE			
STRUCTURE TYPE/STYLE	VINYL SIDING	HEATING UNIT ULC, CSA, OR WH APPROVED	WATER MITIGATION MEASURES IN PLACE			
DETACHED	STUCCO	RADIANT HEATING AREA SQ.M. _____				
SEMI-DETACHED	STONE VENEER	MAKE _____ YEAR _____				
ROWHOUSE / TOWNHOUSE (END)	SOLID BRICK	OIL TANK	UPDATE YEAR	FULL (YY)	PARTIAL (YY)	
ROWHOUSE / TOWNHOUSE (INSIDE)	ALUMINUM/METAL SIDING	YEAR _____ <input type="checkbox"/> INSIDE <input type="checkbox"/> IN GROUND <input type="checkbox"/> OUTSIDE <input type="checkbox"/> ABOVE GROUND	HEATING			
HIGHRISE	WOOD		ROOFING			
MOBILE HOME			TYPE _____			
MULTIPLEX		FIRE PROTECTION	ELECTRICAL _____ AMPS			
FOUNDATION		<input type="checkbox"/> UNPROTECTED <input type="checkbox"/> SUPERIOR SHUTTLE TANKER SERVICE _____ M. OF HYDRANT _____ KM. OF FIREHALL FIREHALL NAME: _____	<input type="checkbox"/> BREAKERS <input type="checkbox"/> KNOB & TUBE <input type="checkbox"/> COPPER <input type="checkbox"/> FUSES <input type="checkbox"/> ALUMINUM			
POURED CONCRETE	SLAB/CONCRETE SLAB		PLUMBING			
CONCRETE BLOCK	STONE		COPPER _____% PLASTIC _____%			
CRAWLSPACE			GALVANIZED _____% _____% _____%			
FINISHED BASEMENT _____%						

INTERIOR DETAILS	TYPE	%	TYPE	%	TYPE	%
INTERIOR WALL CONSTRUCTION						
INTERIOR FLOOR FINISH						
CEILING CONSTRUCTION						

ADDITIONAL INTERIOR DETAILS

WALL HEIGHT <input type="checkbox"/> FT. <input type="checkbox"/> M. _____%	NUMBER OF KITCHENS: _____	NUMBER OF BATHROOMS: FULL _____
	NO. QUALITY _____	HALF _____
	_____ <input type="checkbox"/> BUILDER'S GRADE <input type="checkbox"/> CUSTOM <input type="checkbox"/> _____	
	_____ <input type="checkbox"/> BUILDER'S GRADE <input type="checkbox"/> CUSTOM <input type="checkbox"/> _____	

SWIMMING POOL

GARAGE / CARPORT

YEAR _____	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> WITH FENCE	ATTACHED GARAGE? Y/N	SIZE - # OF CARS	<input type="checkbox"/> BUILT-IN <input type="checkbox"/> BASEMENT
<input type="checkbox"/> INDOOR	<input type="checkbox"/> IN GROUND	<input type="checkbox"/> WITHOUT FENCE	ATTACHED CARPORT? Y/N	SIZE - # OF CARS	

DETACHED OUTBUILDING(S)/OTHER STRUCTURE(S) (Additional limits required or any heated outbuildings)

STRUCTURE NO.	YEAR BUILT	STRUCTURE TYPE	EXTERIOR WALL FRAMING	HEATING APPARATUS	FUEL	TOTAL AREA <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.	VALUE (Included in detached private structure limit)

PREMIUM FOR THIS SECTION \$

PREMIUM FOR THIS SECTION \$

TOTAL ESTIMATED PREMIUM THIS PAGE \$

HABITATIONAL INSURANCE APPLICATION

14. PREMIUM INFORMATION

TOTAL ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	PAYMENT PLAN	ESTIMATED INSTALLMENT AMOUNT	\$ / % ADDITIONAL CHARGES	TOTAL ESTIMATED COST
				<input type="checkbox"/> \$ <input type="checkbox"/> %	

15. ATTACHMENTS

ATTACHMENTS	DESCRIPTION	DATE COMPLETED	ATTACHMENTS	DESCRIPTION	DATE COMPLETED

16.	REMARKS
-----	---------

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

17(A). 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:

- | | |
|---|---|
| <p>• 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.</p> | <p>• 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.</p> |
| <p>• 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.</p> | |

17(B). PERSONAL INFORMATION CONSENT

I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the 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.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	

18. **BROKER / AGENT QUESTIONNAIRE**

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