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| **APPLICANT(S) Full Name:** | | | | | | **Occupation / Source of Income** | | | | | | | | | | | **Date of Birth** | | | |
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| *\*If there are additional applicants, please attach another page. If the applicant is a company, please also provide the principal(s) information.* | | | | | | | | | | | | | | | | | | | | |
| Risk Location Address: | | | | | | | | City: | |  | | | | Prov.: | | |  | | P.C: |  |
| Mailing Address (if different): | | | | | | | | City: | |  | | | | Prov.: | | |  | | P.C: |  |
| Contact Info for coordination of inspection/appraisal - Email: | | | | | | | | | | | | | | | Tel: | |  | | | |
| Length of time applicant has lived at this location: | | | | | | | | | | | | | | | | | | | | |
| **Please list in order ALL mortgagees, loss payees, additional interests, and other interested parties (name and address):** | | | | | | | | | | | | | | | | | | | | |
| Are any mortgages, liens, or encumbrance payments in arrears? Yes  No | | | | | | | | | | | | | | | | | | | | |
| **USE / OCCUPANCY:** check all occupancies applicable: | | | | | | | | | | | | | | | | | | | | |
| Primary Owner Occupied | | | | Secondary Owner Occupied | | | | | | | Seasonal Owner Occupied | | | | | | | | | |
| Vacant / Unoccupied | | | | Under Construction / Renovations (attach details) | | | | | | | | | | | | | | | | |
| Rented to Others:  Short-term rentals  Long- term tenants | | | | | | | | | | | | | | | | | | | | |
| Please describe rental situation: | | | | | | | | | | | | | | | | | | | | |
| Any roomers or boarders in the home?  Yes  No | | | | | | | | | | | | | | | | | | | | |
| **STRUCTURE/TYPE:** | | | | | | | | | | | | | | | | | | | | |
| Year Built: | | | | Sq. Footage (including basement): | | | | | | | | | | | Number of Units: | | | | | |
| Is the home a detached single-family residence? Yes  No If No, explain:  Number of families living in the home: | | | | | | | | | | | | | | | | | | | | |
| **CONSTRUCTION:** | | | | | | | | | | | | | | | | | | | | |
| Frame  Stone  Brick  Masonry  Structural Concrete  Log  Post & Pier | | | | | | | | | | | | | | | | | | | | |
| **HEATING:** | | | | | | | | | | | | | | | | | | | | |
| Natural Gas  Propane  Electric Are there any Solid Fuel Heating devices?  Yes  No if yes, attach questionnaire | | | | | | | | | | | | | | | | | | | | |
| **UPDATE INFO:**  Age of Hot Water Tank(s):       Is there an operational + active automatic water shut-off system?  Yes  No  **If the home is over 20 years of age, please complete the following update information:** | | | | | | | | | | | | | | | | | | | | |
| Roof Update Year: | |  | | | Full  Partial | | | Electrical Update Year: | | | | |  | | | | Full  Partial | | | |
| Plumbing Update Year: | |  | | | Full  Partial | | | Heating Update Year: | | | | |  | | | | Full  Partial | | | |
| **APPRAISAL:** | | | | | | | | | | | | | | | | | | | | |
| Year of last home appraisal: | | | | | | | Copy attached?  Yes  No | | | | | | | | | | | | | |
| Last Appraised Dwelling Value: $ | | | | | | | Have all appraisal recommendations been completed?  Yes  No | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | | | | | | | | | | | | |
| **PROTECTION:** | | | | | | | | | | | | | | | | | | | | |
| Distance to Fire Hydrant: | | | | | | | Distance to Firehall: | | | | | | | | | Paid  Volunteer | | | | |
| Burglar Alarm | Local  Monitored | | | | | | Water Alarm | | | | Local  Monitored | | | | | | | | | |
| Fire Alarm | Local  Monitored | | | | | | Other protection systems (describe): | | | | | | | | | | | | | |
| **ADDITIONAL INFORMATION & LIABILITY EXPOSURES:**  **Size of Lot:**  Less than 5 acres  More than 5 acres Other:  Any construction or renovation currently on premises, or planned in the next 12 months?  Yes  No  If yes, please explain: | | | | | | | | | | | | | | | | | | | | |
| **Swimming Pool:**  Outdoor  Indoor  None  Note: for any indoor pool, please describe location of the pool in the home and confirm if there is a professionally maintained dehumidification system?  **Business**: Are there any activities on premises to derive income, business, home office use, etc.?  Yes  No  If yes, please explain fully, and if insured elsewhere please provide details:  Please disclose any other facts which may influence the review of this risk: | | | | | | | | | | | | | | | | | | | | |
| **LOSS EXPERIENCE:** provide details of any property and/or liability claims or losses (claimed or not) by the applicant(s) or household members in the past 5 years, including cause of loss, repair details, measures to prevent further loss, date, amounts paid or reserved, claim status (open/closed), etc.: | | | | | | | | | | | | | | | | | | | | |
| **INSURANCE HISTORY:** | | | | | | | | | | | | | | | | | | | | |
| Current / Previous Insurer: | | | | | | | | | Expiry Date: | | | | | | | | | | | |
| Has there been any gap in coverage?  Yes  No | | | | | | | | | if yes, please describe: | | | | | | | | | | | |
| Expiring Premium: $ | | | | | | | | | Target Premium: $ | | | | | | | | | | | |
| **REQUESTED LIMITS OF INSURANCE** | | | | | | | | | | | | | | | | | | | | |
| **$** | Dwelling (no less than 100% of current estimated replacement cost value) | | | | | | | | | | | | | | | | | | | |
| **$** | Detached Buildings or Structures – *please list all structures:* | | | | | | | | | | | | | | | | | | | |
| **$** | Unscheduled Personal Property | | | | | | | | | | | | | | | | | | | |
| **$** | Additional Living Expenses | | | | | | | | | | | | | | | | | | | |
| **$** | Liability Insurance (Basic Limit) | | | | | | | | | | | | | | | | | | | |
| Requested Deductible: $ | | | | | | | | | | | | | | | | | | | | |
| Are there any special items requiring scheduled coverage:  Yes  No If yes, detailed list attached  Yes  No | | | | | | | | | | | | | | | | | | | | |
| **PLEASE READ BEFORE SIGNING:**  The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the insured fails to inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS PLUS UNDERWRITING MANAGERS HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** PLUS Underwriting Managers Ltd is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder, or insurance policy. | | | | | | | | | | | | | | | | | | | | |
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| **Signature of Applicant(s):** | | |  | | | | | | | | | **Date:** | | | | | |  | | |
| **Signature of Applicant(s)** | | |  | | | | | | | | | **Date:** | | | | | |  | | |
| **Signature of Broker:** | | |  | | | | | | | | | **Date:** | | | | | |  | | |
| **Broker Firm:** | | |  | | | | | | | | | **PLUS Broker ID#:** | | | | | |  | | |
| **Broker Email:** | | |  | | | | | | | | | **Phone:** | | | | | |  | | |