

LOCATION #1	Postal Code is required to quote		
LEGAL ADDRESS:			
Postal Code:			
LOSS PAYABLE: (incl. FULL mailing address)			
OCCUPANCY		CONSTRUCTION	
<input type="checkbox"/> Rented Dwelling	# of units	<input type="checkbox"/> Frame	
<input type="checkbox"/> Student Housing	# of rooms rented	<input type="checkbox"/> Brick Veneer	
<input type="checkbox"/> Other - describe:		<input type="checkbox"/> Masonry	
		<input type="checkbox"/> Fire Resistive	
STRUCTURE TYPE			
<input type="checkbox"/> Detached		<input type="checkbox"/> Apt. Bldg - # Units:	
<input type="checkbox"/> Semi-Detached		<input type="checkbox"/> Duplex	
<input type="checkbox"/> Townhouse		<input type="checkbox"/> Triplex	
<input type="checkbox"/> Rowhouse		<input type="checkbox"/> Multi-Plex	
<input type="checkbox"/> Mercantile - Describe:			
HEATING			
<input type="checkbox"/> Furnace (Central)	Fuel	Primary	Auxiliary
<input type="checkbox"/> Combination with Wood			
<input type="checkbox"/> Electric			
<input type="checkbox"/> Space heater			
<input type="checkbox"/> Fireplace insert			
<input type="checkbox"/> Solid fuel heating unit			
<input type="checkbox"/> Furnace (central) with add on woodburning unit			
Year Dwelling Was Built:			
UPDATES			
Electric # amps:	Full	Partial	Year
Heating			
Plumbing			
Roof			
If updates are Partial describe:			
OIL TANK		PROTECTION	
<input type="checkbox"/> Inside	<input type="checkbox"/> Above Ground	<input type="checkbox"/> Within 300 m of Hydrant	
<input type="checkbox"/> Outside	<input type="checkbox"/> In Ground	<input type="checkbox"/> Within 8 km of Firehall	
Age:		<input type="checkbox"/> Unprotected	
OPTIONAL COVERAGES			
<input type="checkbox"/> Sewer Back Up		<input type="checkbox"/> By Laws	
<input type="checkbox"/> Earthquake		<input type="checkbox"/> Lock Replacement	
DETACHED STRUCTURE		Year Built	Size
Construction		Heat	Use
LIMITS REQUIRED			
Dwelling Building	Detached Private Structures	Landlord's Contents	Premises Liability
\$	\$	\$	\$1,000,000

LOCATION #2	Postal Code is required to quote		
LEGAL ADDRESS:			
Postal Code:			
LOSS PAYABLE: (incl. FULL mailing address)			
OCCUPANCY		CONSTRUCTION	
<input type="checkbox"/> Rented Dwelling	# of units	<input type="checkbox"/> Frame	
<input type="checkbox"/> Student Housing	# rooms rented	<input type="checkbox"/> Brick Veneer	
<input type="checkbox"/> Other - describe:		<input type="checkbox"/> Masonry	
		<input type="checkbox"/> Fire Resistive	
STRUCTURE TYPE			
<input type="checkbox"/> Detached		<input type="checkbox"/> Apt. Bldg - # Units:	
<input type="checkbox"/> Semi-Detached		<input type="checkbox"/> Duplex	
<input type="checkbox"/> Townhouse		<input type="checkbox"/> Triplex	
<input type="checkbox"/> Rowhouse		<input type="checkbox"/> Multi-Plex	
<input type="checkbox"/> Mercantile - Describe:			
HEATING			
<input type="checkbox"/> Furnace (Central)	Fuel	Primary	Auxiliary
<input type="checkbox"/> Combination with Wood			
<input type="checkbox"/> Electric			
<input type="checkbox"/> Space heater			
<input type="checkbox"/> Fireplace insert			
<input type="checkbox"/> Solid fuel heating unit			
<input type="checkbox"/> Furnace (central) with add on woodburning unit			
Year Dwelling Was Built:			
UPDATES			
Electric # amps:	Full	Partial	Year
Heating			
Plumbing			
Roof			
If updates are Partial describe:			
OIL TANK		PROTECTION	
<input type="checkbox"/> Inside	<input type="checkbox"/> Above Ground	<input type="checkbox"/> Within 300 m of Hydrant	
<input type="checkbox"/> Outside	<input type="checkbox"/> In Ground	<input type="checkbox"/> Within 8 km of Firehall	
Age:		<input type="checkbox"/> Unprotected	
OPTIONAL COVERAGES			
<input type="checkbox"/> Sewer Back Up		<input type="checkbox"/> By Laws	
<input type="checkbox"/> Earthquake		<input type="checkbox"/> Lock Replacement	
DETACHED STRUCTURE		Year Built	Size
Construction		Heat	Use
LIMITS REQUIRED			
Dwelling Building	Detached Private Structures	Landlord's Contents	Premises Liability
\$	\$	\$	\$1,000,000

IBC Calculator for ALL dwellings must accompany each application.

If applicable, a Woodstove Questionnaire must be submitted.

Is there any Commercial Exposure on the premises? Yes No If yes, describe: _____

If risk is above or beside a restaurant, is there a CO2 system? Yes No

Is Rental Income Required? Yes No If yes, for what limit? _____

Does the client obtain a written Lease Agreement with all tenants? Yes No

Do all tenants carry and maintain a minimum of \$1,000,000 liability? Yes No

Are Credit Checks done on all tenants? Yes No

Are references from previous landlords obtained? Yes No

Is a Damage Deposit allowable by law in your province? Yes No If yes, is a Damage Deposit obtained? Yes No

ADDITIONAL EXPOSURE INFORMATION

Explain "Yes" Responses in Remarks	Yes	No		Explain "Yes" Responses in Remarks	Yes	No
Additional Residences / Properties				Daycare - # of Children		
Location Rented To Others			# Weeks:	Incidental Office Use		
# of Families:				Commercial Operations at this Location		
Rooms Rented to Others:			# Units:	Swimming Pool		
Saddle / Draft Animals:			#:	# Acres		
# Servants In: Out: Chauffeur: Occasional:				Voluntary Compensation Required?		
Other Exposures:						
Remarks: ("Yes responses MUST be explained):						

NOTES: _____

Consumer and previous insurer reports containing personal, credit, factual or investigative information may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date _____ SIGNATURE OF APPLICANT _____

Date _____ SIGNATURE OF BROKER _____