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KENNEL OWNERS PAC APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Applicant Name

Mailing Address

Legal Address Same as above or Other

Website Address

Current insurance company on risk

Is renewal being offered? Yes No

If no, explain

Claims History

Loss Payable

BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No Did you receive the order direct from the Applicant? Yes No

If no, how long have you known the applicant? Do you recommend this applicant in every respect? Yes No

Do you handle other insurance for the Applicant? Yes No

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

PRINT ADDRESS OF BROKERAGE

Telephone #

Fax #



HOMEOWNERS INFORMATION

Location #1 S/F – owner occupied dwelling situated at same address as shown on page 1

Location #2 Seasonal dwelling - legal address as follows

Location #2 _____

Construction – Location 1

of Stories _____ Year Built _____ Square Footage _____

Walls - _____

Roof - _____

Roof Updates - Full Partial Year _____

Utilities

Heat Gas F/A Electric B.B. Oil F/A Other- _____

Woodstove Wood Furnace Fireplace Insert

If wood, confirm ULC Approved? Yes No Installed to Code? Yes No

Heating Updates- Full Partial Year _____

Electrical C/B Fuses _____ Amps

Electrical Updates- Full Partial Year _____

Plumbing Copper Plastic Other _____

Plumbing Updates- Full Partial Year _____

Protection

Fire - Hydrant within _____ Feet Metres

Fire hall Fulltime _____ kms Volunteer _____ kms

Alarm - Yes No Central Monitored Local

Burglar Alarm - Central Monitored Local Monitoring Company _____

Housekeeping Excellent Good Fair Poor

Physical Condition Excellent Good Fair Poor

Building Value \$ _____ Deductible \$ _____

Sewer / Septic - Yes No \$5,000 \$10,000 \$15,000

Seasonal Residence – please complete additional homeowners information sheet

Personal Articles – Please attach list

Watercraft – Please attach list

Owned Dogs – Please attach list



COMMERCIAL INFORMATION

Outbuilding #1 Occupancy _____

Construction
 # of Stories _____ Year Built _____ Square Footage _____
Walls - HCB Frame Metal Clad Other - _____
Roof - Steel Deck Wood Joist _____

Utilities
Heat Gas F/A Electric Oil Other- _____
Electrical C/B Fuses _____ Amps
Plumbing Copper Plastic Other _____

Protection
 % of Building Sprinklered _____
Alarm - Yes No Central Monitored Local
Fire Extinguishers - # _____ **Type** ABC _____ **Size** _____ **lbs**
Burglar Alarm - Central Monitored Local **Monitoring Company** _____
 Full Perimeter Partial Perimeter Shatter Proof Glass **Contacts** All Windows All Doors
 Bars on all windows Double entry system All doors dead locked
 Motion Detector Heat Detector Other _____

Housekeeping Excellent Good Fair Poor
Physical Condition Excellent Good Fair Poor
Financial Position Excellent Good Fair Poor
Neighbourhood Excellent Good Fair Poor

Building Value \$ _____ **Deductible \$** _____
Contents \$ _____

Outbuilding #2 Occupancy _____

Construction
 # of Stories _____ Year Built _____ Square Footage _____
Walls - HCB Frame Metal Clad Other - _____
Roof - Steel Deck Wood Joist _____

Utilities
Heat Gas F/A Electric Oil Other- _____
Electrical C/B Fuses _____ Amps
Plumbing Copper Plastic Other _____

Protection
 % of Building Sprinklered _____
Alarm - Yes No Central Monitored Local
Fire Extinguishers - # _____ **Type** ABC _____ **Size** _____ **lbs**
Burglar Alarm - Central Monitored Local **Monitoring Company** _____
 Full Perimeter Partial Perimeter Shatter Proof Glass **Contacts** All Windows All Doors
 Bars on all windows Double entry system All doors dead locked
 Motion Detector Heat Detector Other _____

Housekeeping Excellent Good Fair Poor
Physical Condition Excellent Good Fair Poor
Financial Position Excellent Good Fair Poor
Neighbourhood Excellent Good Fair Poor

Building Value \$ _____ **Deductible \$** _____
Contents \$ _____

If more than 2 Outbuildings, please photocopy and complete



LIABILITY INFORMATION

Section 1 Comprehensive Personal Liability

Section 2 General Liability

Boarding Kennels # of runs _____ Max # of dogs boarded _____

Average # of dogs boarded _____

Breeding Operations Annual Revenue _____ Name of Breed _____

of dogs owned/leased for breeding purposes _____ # of litters per year _____

Grooming Operations Annual Revenue _____ # of animals groomed daily _____

Training /Showing Annual Revenue _____ Type of training _____

Describe any other Operations _____

Limit Required \$1,000,000 \$2,000,000

KOP EXTENSION PACKAGE

Accounts Receivable	\$10,000
Exhibitor Floater	\$10,000
Professional Fee	\$10,000
Outdoor Signs	\$10,000

Non-Owned Animal Coverage - \$2,000 max per animal - \$20,000 maximum aggr.

Business Interruption – Actual Loss Sustained – No Limit

CRITICAL ILLNESS COVERAGE Yes No

Limit Required: \$5,000 \$7,500 \$10,000

A. D. & D. COVERAGE

of Full Time Employees

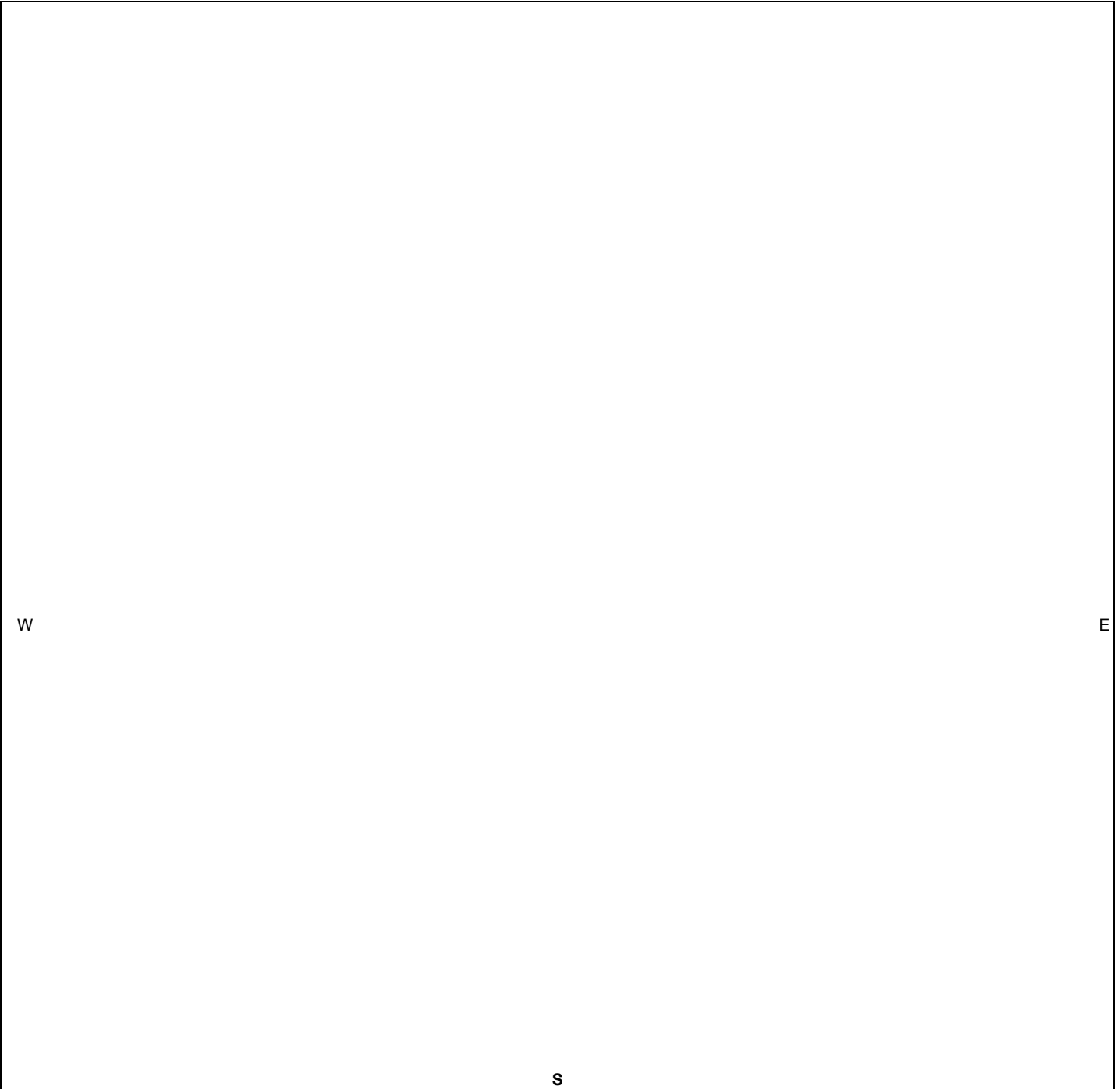
Clerical _____ Other _____

Limit Required \$25,000 \$50,000 \$75,000 \$100,000



DIAGRAM: Indicate all structures (whether insured or not) - Show distance between all buildings - A separate diagram is required for each location

N



IT IS HEREBY UNDERSTOOD THAT AN INSPECTION OF THE RISK MAY BE DONE AT ANY TIME

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

I HAVE READ AND ANSWERED ALL THE QUESTIONS IN THIS APPLICATION PERTAINING TO PROPERTY AND LIABILITY COVERAGE AND FIND THEM TO BE CORRECT.

Date

Signature of Applicant



WOOD BURNING QUESTIONNAIRE

Wood Burning Furnace or Stove

Type of Unit:

Stove Is unit airtight? Yes No

What is the clearance rating for: Stove _____ Heat Shields _____ Stove Pipes _____

Fireplace Insert

Add on Furnace Hot Water Hot Air

Other (describe) _____

Make of Unit: _____ Was unit professionally installed? Yes No

Approval:

Is the Unit: C.S.A. Labeled U.L.C. Labeled W.H. Labeled Not Labeled

Usage:

How many face cords of wood are used annually? _____

Seasoning:

How long is the wood seasoned before burning? _____

Chimney Details:

Brick (unlined) Brick (tile lined) Approved Metal (wood rated)

Other (describe) _____

List other units using this chimney: _____

What order (starting at the bottom) do all units enter the chimney? _____

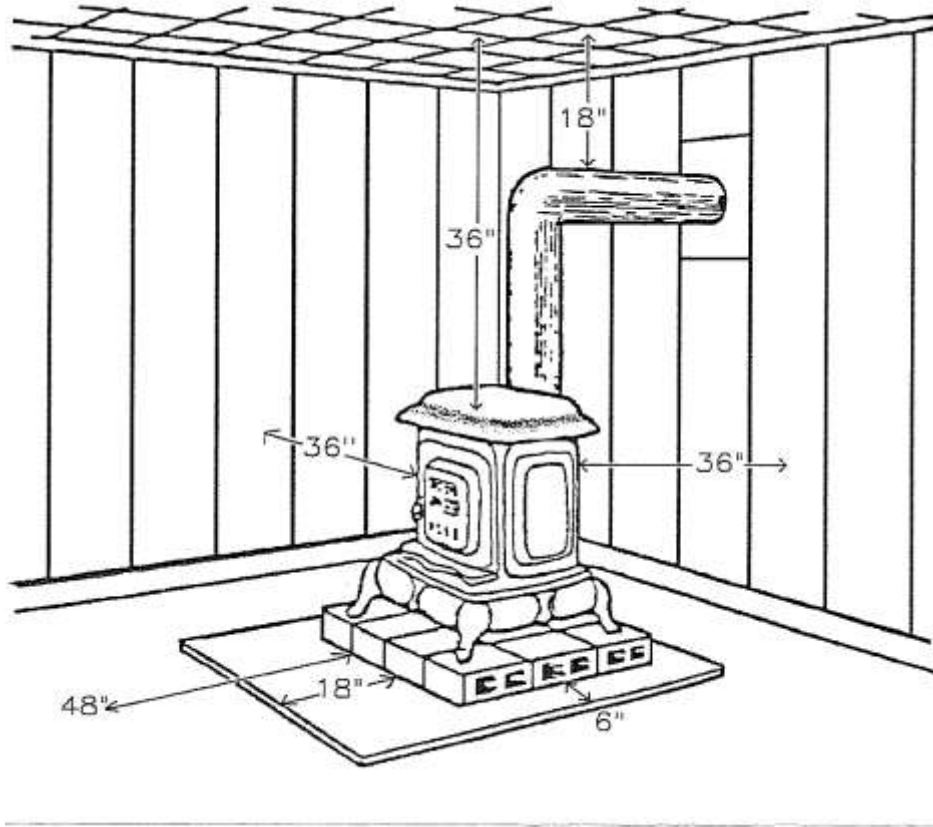
How often is the chimney cleaned? _____

Furnaces:

Is the furnace equipped with automatic controls to bring on oil furnace when fire gets low? Yes No

If hot air, what changes were made in the ductwork of the house when the unit was installed? _____

Additional remarks or information: _____



Wood Burning Stoves

- 1. Is stove free of large cracks or broken parts? Yes No
- 2. Is stove located on non-combustible floor materials? Yes No
- 3. Does floor protection extend at least 6" from sides and back and 18" to the front? Yes No
- 4. Is the stove spaced at least 48" from any combustible materials? Yes No
- 5. Is there at least 18" between the top of the stove pipe & ceiling? Yes No
- 6. Does stove pipe fit snugly into thimble? Yes No
- 7. Is stove pipe routed so as not to pass through floors, closets, concealed spaces, or connected to chimney in attic? Yes No
- 8. Does stove have an automatic draft regulator or built in damper? Yes No
- 9. Does stove pipe enter fireplace chimney? Yes No
 If so, does it enter horizontally at a point higher than outlet or stove fire box? Yes No
- 10. Where is the stove located in the building? Yes No
- 11. Is there any ductwork over the stove to allow heat to be dispensed to other parts of the house? Yes No

Comments: _____

Inspected by: _____ Date: _____



Sewer Back-Up Questionnaire

Please provide the following information:

1. Age of building: _____
2. How long has the Insured occupied this building? _____
3. Is "Stock" or "Equipment" stored in basement? Yes No If "yes" provide details: _____

4. a) Is there any previous "history" of sewer back-up or water influx, escape or flood? Yes No
b) If yes, please provide details including what corrective measures have been taken _____

- c) Was this damage insured? Yes No
- d) If "yes": policy # _____ Name of Insurer: _____
5. Is the building located in an area prone to flooding? Yes No
6. Distance to nearest body of water (i.e. river, creek, etc.) _____
7. a) Is there an automatic sump pump? Yes No
b) Is there a battery back up device for the sump pump? Yes No
8. Is the building on a septic system or sewer system? _____
9. Are the "Septic and Storm Sewer Systems" separate from one another or is it one system? _____

10. When was the septic or sewer system last updated? _____
11. Municipal or private system? _____
12. Other information: _____

Questionnaire completed by: _____ Dated: _____