

Date : _____ (dd-mm-yy)

BROKERAGE

Name & address: _____

Broker : _____ Tel : () - _____

E-mail : _____

APPLICANT & TYPE OF RISK

Name of applicant: _____ d.o.b. _____ (dd-mm-yy)

Profession : _____ Tel: _____

Name of applicant: _____ d.o.b. _____ (dd-mm-yy)

Profession : _____ Tel: _____

Mailing Address _____

Address of Risk same/or: _____

Lien holders(s): 1 - _____

2 - _____

(Rate & amount of loan if not a financial institution): _____ % \$ _____

- Type of risk
- Homeowner package , Tenant package, Condominium package, Secondary dwelling
 - Seasonal, Mobile home, Rented building,** Rented condo*, Vacant*,
 - Unoccupied*, Under construction* , Heritage house*, Home day care*,
 - Other: _____

*Complete additional questionnaire for types with an * (see: www.morinelliott.ca)

**If rented single family dwelling, state name and d.o.b. of tenant :

Name: _____ d.o.b. _____ (dd-mm-yy)

BUILDING & PROTECTIONS

Year built: _____ Stories: _____ # flats : _____ Detached, Semi-detached, Attached

Commercial occupancy. Details : _____

Construction: _____ Heating: _____

Wood stove: Yes No Number of Cords of wood (4x4x8): _____

Electrical installation : Fuses Breakers Amps: _____

Plumbing: plastic, copper, metal Oil tank: _____ (age) Water heater: _____ (age)

Renovations (year) Roof: _____ Heating: _____ Plumbing: _____ Electricity _____

Fire hydrant less than 300m : Yes No Fire station : _____ within _____ (km)

Alarm system : None, Fire Theft , Central station : Yes No

CLAIMS (date, description & amount paid)

None past three (3) years

1. _____
2. _____
3. _____

LIMITS OF INSURANCE

Building: \$ _____ Contents: \$ _____ Rental value: \$ _____

Amount of RCT/CVA \$ _____ Liability \$ _____ Sewer back-up: \$ _____

Deductible \$ _____ Pool : Yes No, if yes above ground or in ground

GENERAL INFORMATION

Previous insurer : _____

- Reason non standard :
- Cancellation for non payment, 1st insurance, Claim frequency
 - Criminal record (attach file) , Out of province resident, Vacant ,
 - Under renovations, Unoccupied, Zoning by-law, Home day care
 - Other: _____

Remarks :

Broker Signature : _____ **Date :** _____ (dd-mm-yy)

Applicant signature : _____ **Date :** _____ (dd-mm-yy)