



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: personallines@tottengroup.com Website: www.tottengroup.com

RESIDENTIAL 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.

- 1. Name of Applicant:
2. Occupation/Employer D.O.B. (mm/dd/yy)
3. Years Continuously Employed
4. Phone # Business Phone #
5. Name of Spouse:
6. Occupation/Employer D.O.B. (mm/dd/yy)
7. Years Continuously Employed
8. Mailing Address
9. Previous Address if changed in the last 3 years

- 10. Loss Experience (5 years) [] None
Date Reserve Paid Expenses Closed [] Yes [] No
Details
Date Reserve Paid Expenses Closed [] Yes [] No
Details
Date Reserve Paid Expenses Closed [] Yes [] No
Details
Date Reserve Paid Expenses Closed [] Yes [] No
Details



PROPERTY INFORMATION

1. Risk Location # _____ Building # _____ # of years at this location _____
2. Address (if different from page 1 of app) _____
-
3. Loss payable _____
-

Structure Type

- Detached Semi Detached Townhouse Rowhouse **Firewall** Yes No
- Duplex Triplex Multi-Plex Other _____
-

Occupancy

- Rooming House Number of Rooms _____ Are rooms rented to students? Yes No
- Principal Secondary Seasonal Rental - Residential Area Commercial Area
- Under Construction Condo Package Tenants' Package

Construction

- # of Stories _____ Year Built _____ Square Footage _____
- Walls - Frame BV Brick/Stone Alum. Siding Modular Fire Resistive
- Roof - Patent Metal Clad Other _____
- Updates - Full Partial Year _____

Utilities - Heat

- Primary - Furnace (Central) Space Heater Oil Electric Natural Gas Wood
- Auxiliary - Electric Space Heater Wood
- Updates - Full Partial Year _____

- Wood Heat** Woodstove Wood Furnace Fireplace Insert Combination Wood Furnace

- Oil Heat** Inside Outside Above Ground In Ground

Age of Tank _____ Date of last inspection _____

- Electrical** C/B Fuses _____ Amps

Updates - Full Partial Year _____

- Is there knob and tube wiring?** Yes No Aluminum Yes No Copper Yes No

- Plumbing** Copper Plastic Other **Is there galvanized or cast iron plumbing?** Yes No

Updates - Full Partial Year _____

- Sump Pump** Age _____ Is there an alarm? Yes No

Watermain Supply Does the Applicant know where the main water shut off valve is for their unit(s)? Yes No

Hot Water Tank(s) What is the age of the hot water tank? _____ Is there drainage for the hot water tank? Yes No

Central Hot water or steam heating Is proper drainage provided for the boiler room? Yes No

Are radiators and piping protected from freezing? Yes No

Leaking from Appliances Are all water supplied appliances/equipment connected with braided hoses? Yes No

Protection

- Fire - Alarm -** Hydrant within 300 metres Firehall (within 8km) Full Time Volunteer Unprotected

- Yes No
- Central Monitored Local ULC Approved? Yes No

- Motion Detector Heat Detector Other _____

- Burglary Fire Low Temp

Is basement fully finished? Yes No If no, provide full details: _____

- Housekeeping** Excellent Good Fair Poor

- Physical Condition** Excellent Good Fair Poor

Outbuilding(s) - Please complete additional locations application for any outbuildings not attached to the main dwelling



PLEASE COMPLETE THE SECTION WHICH RELATES TO YOUR CLIENT'S OCCUPANCY

EXECUTIVE HOMEOWNERS/SUB-STANDARD HOMEOWNERS

NOTE: If there is any additional underwriting information please complete a separate page.

1. Are there additional residences or properties for which insurance is not requested here? Yes No
If yes, please provide details _____
2. Saddle/Draft Animals Yes No If yes, number of each _____
3. Is a daycare operated? Yes No If yes, number of children _____
4. Is there any incidental office use? Yes No If yes, please describe _____

5. Swimming Pool? Yes No Above Ground In Ground Depth _____
6. # of Servants In _____ Out _____ Chauffeur _____ Occasional _____
7. Voluntary Compensation Required? Yes No

COVERAGES AND LIMITS

- Executive Homeowners Special Risk Homeowners Seasonal Tenants Package

Location # _____ Building # _____

Form, Basis of Loss Settlement and Deductible will be based on risk qualification and may differ from your request. Personal Articles and Fine Arts – appraisals are required on articles in excess of \$1,000. A Deductible will apply.

Deductible \$1,000 Other _____

Limits

Building #1 _____

Personal Property _____

Detached Private Structures _____

Additional Living Expenses _____

Personal Liability \$1,000,000 \$2,000,000 _____

Jewellery _____ (attach schedule)

Is Jewellery kept in a safe? Yes No If yes, what limit is in safe? _____

Fine Arts _____ (attach schedule)

Watercraft _____ (attach schedule)

Other - Describe _____ (attach schedule)

Add'l Cov Sewer Backup By-Laws Mass Evacuation

Lock Replacement Earthquake Coverage (Bldg)

Rented Dwelling Single Family Dwelling Multiple Units Vacant # of Units _____

Form, Basis of Loss Settlement and Deductible will be based on risk qualification and may differ from your request.

Form Broad Form Named Perils ACV Replacement Cost (not available on vacant)

Deductible \$1,000 Other _____

Limits

Building #1 _____

Contents or Owner's Contents _____

Detached Private Structures _____

Rent or Rental income _____

Other - _____

Owner's, Landlord's and Tenants \$1,000,000 \$2,000,000

Add'l Cov Sewer Backup Vandalism & Malicious Acts by Tenants By-Laws (none available on vacant)



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 If no, how long have you known the applicant? _____

Is the applicant financially sound? Yes No Have you personally seen this property? Yes No

Do you recommend this applicant? Yes No Is the property for sale? Yes No

Current insurance company on risk (name and policy number) _____

Is renewal being offered? Yes No If no, explain _____

Current expiry date? _____ Expiring Premium _____ Renewal Premium _____

Other markets approached _____

Comments: _____

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

APPLICANT'S SIGNATURE

PLEASE REVIEW CAREFULLY

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant 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