



Professional Insurance
Underwriting and
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Integrity and Stability

Fax 1-877- FAX2SWG
(1-877-329-2794)
quotes@swgins.com
www.swgins.com

CONTACT: Local SWG Office

Single Family Rented Dwelling

Must complete additional supplement for the following:

- Rented Dwelling (More Than One Family or Student Boarding)
 Rooming House
 Vacant Dwelling

Broker Name _____
 Broker Address Street _____
 City _____ Province _____ Postal Code _____
 Broker Phone _____ Fax _____ E-Mail _____

Applicant's Full Name _____
 (Last Name, First Name)
 Postal Address Street _____
 City _____ Province _____ Postal Code _____
 Telephone No. Home: _____ Work: _____

Policy Period From

Day	Month	Year

 To

Day	Month	Year

12 Month Policy Term ONLY
 12:01 A.M. Standard Time at the Postal Address of the Named Insured as Stated herein

BROKER REPORT

PREVIOUS CLAIMS IN LAST 5 (FIVE) YEARS

Date of Loss (mm/dd/yy)	Full Details of Loss	Amount Paid or reserved

Previous Insurer _____ Policy Number _____

Renewal Offered? Yes No If No, reason _____

Has any Company, refused, cancelled, declined to renew Applicant? Yes No If Yes, provide details: _____

Is this New Business to your office? Yes No How long have you known Applicant? _____

Have you personally seen & inspected this property? Yes No Condition Good Fair Poor

Is property located in Residential Area / Subdivision Industrial / Commercial Other

If Other, describe _____

How long has Applicant owned this location? _____ Is Property for Sale? Yes No

Location #1

Legal Address

Postal Code

(Postal Code is Required to quote)

Loss Payable

(include FULL mailing addresses of all Mortgagees)

What is Mortgage Amount - \$ _____

Occupancy

- Single Family Rented Dwelling Seasonal Condominium
 Rented Dwelling (More than One Family) **Complete Rental / Rooming House Supplement**
 Student Boarding # of Students _____ **Complete Rental / Rooming House Supplement**
 Rooming House # of rooms _____ **Complete Rental / Rooming House Supplement**
 Vacant **Complete Vacant Dwelling Supplement**

Construction

- Frame Brick Veneer Masonry Fire Resistive # of Stories _____
 Wood Joist Roof Other _____ Sq. Ft _____ **Year Built** _____

Structure Type

- Detached Semi-Detached Townhouse Rowhouse Duplex
 Triplex Multi-Plex Apt. Bldg. - # of Units _____
 Commercial - Describe _____

Exposures

- Left _____ Distance Detached _____
 Right _____ Distance Detached _____
 Rear _____ Distance Detached _____

Protection

- Within 300m of Fire Hydrant Within 8km of Fire hall Unprotected

Heating	Fuel Type	Primary	Auxiliary	Updates	Full	Partial	Year
<input type="checkbox"/> Furnace (Central)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric-# of amps: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Furnace (Central) with Combination Wood		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Heating	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Electric		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Space Heater		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Roof	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Fireplace Insert		<input type="checkbox"/>	<input type="checkbox"/>	If Updates are partial, describe _____			
<input type="checkbox"/> Solid Fuel Heating Unit		<input type="checkbox"/>	<input type="checkbox"/>	_____			
<input type="checkbox"/> *Woodstove		<input type="checkbox"/>	<input type="checkbox"/>	_____			

***Woodstove Questionnaire must be submitted**

Oil Tank Inside Outside Above Ground In Ground Age: _____

Detached Structure Use _____ Size _____ Year Built _____
 Construction _____ Heat Yes - Type _____ No

Limits Required

Dwelling Building Detached Private Structure Landlord's Contents Premises Liability
 \$ _____ \$ _____ \$ _____ \$1,000,000

Is Rental Income required? No Yes Limit \$ _____

ADDITIONAL INFORMATION & EXPOSURES

Does the Applicant 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

Is a damage deposit allowable by law in your province? Yes No

If yes, is a damage deposit obtained? Yes No

Additional Residences / Properties? Yes No

If yes, provide details

Incidental Office Use Yes No

Swimming Pool or Pond on Premises? Yes No

Any other Liability Exposures? Yes No

If Yes, provide details

Notes

Consumer and previous insurer reports containing personal, credit, factual or investigative 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 as outlined herein, 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 _____

Application Must Be Fully Completed & Accompanied By Replacement Calculator and Additional Supplements

PHOTOGRAPHS ARE REQUIRED TO BIND

Additional Supplements:

- Vacant Building
- Rental Dwelling (More than one Family)
- Student Boarding
- Rooming House

VACANT BUILDING SUPPLEMENT

Applicant's Full Name _____
(Last Name, First Name)

1. Is building Vacant – “vacant” means building has no furnishings (entirely empty)
 Unoccupied – “unoccupied” means furnishings within but no one living in the building
2. Reason building is vacant or unoccupied _____
3. How long is building expected to be vacant or unoccupied? 3 Months 6 Months 12 Months
4. Has this property ever been vacant or unoccupied before? Yes No
5. How long has the building been vacant or unoccupied? _____
6. Has the electricity been disconnected? Yes No
7. How far is this building from nearest occupied/vacant building? _____
8. Are all doors and windows securely closed and locked? Yes No
9. Are the building and grounds being maintained? Yes No
10. Is a key for the building in the hands of a competent person who checks the premises? Yes No
If so, Who? _____ How Often? _____
11. What are the plans for the property? (i.e. – sale, rent, demolition, etc.) _____

12. Additional comments, if any _____

Date _____

Signature of Applicant _____

Date _____

Signature of Broker _____

RENTAL DWELLING SUPPLEMENT (More than one family)

STUDENT BOARDING SUPPLEMENT

Applicant's Full Name _____
(Last Name, First Name)

1. Does the Owner live on the premises? Yes No

2. Is there a live-in Superintendent? Yes No

3. Number of: Families Students _____

4. Where is cooking being done? Common Kitchen In Rooms

If any cooking is being done in rooms, types of units Hot Plate Microwave Other - Specify

5. Alarm or Detectors on every floor? Yes No

6. Extinguishers on every floor? Yes No

7. Additional comments, if any _____

Date _____

Signature of Applicant _____

Date _____

Signature of Broker _____

ROOMING HOUSE SUPPLEMENT

Applicant's Full Name _____
(Last Name, First Name)

1. Does the Owner live on the premises? Yes No

2. Is there a live-in Superintendent? Yes No

3. Number of Rooms Rented _____

4. Term of Occupancy Daily Weekly Monthly Annual

5. Where is cooking being done? Common Kitchen In Rooms

If any cooking is being done in rooms, what types of units? Hot Plate Microwave Other - Specify

6. Alarm or Detectors on every floor? Yes No

7. Extinguishers on every floor? Yes No

8. Is the building sprinklered? Yes No

Additional comments, if any _____

Date _____

Signature of Applicant _____

Date _____

Signature of Broker _____

Submitted By: _____

E-Mail: _____