

HARD TO PLACE HOME APPLICATION

NAME OF APPLICANT(S): _____

QUOTE ONLY PLEASE BIND

Requested Eff. Date: _____

Mailing Address: _____

City: _____

Prov.: _____

P.C: _____

Location Address: _____

City: _____

Prov.: _____

P.C: _____

Date(s) of Birth: _____

Occupation(s): _____

Loss Payable(s): _____

Fire Protection: Distance to Fire Hydrant: _____

Distance to Fire Hall: _____

Paid Volunteer

Heating:

Furnace Central

Oil Furnace *(requires questionnaire)*

Solid Fuel Heating *(requires questionnaire)*

Wood Furnace *(requires questionnaire)*

Electric Baseboard

Other: _____

Structure / Type:

Detached

Semi-Detached

Townhouse or Rowhouse

Mobile Home

Duplex

Other: _____

Construction:

Frame

Brick

Masonry

Log

Other: _____

Year Built: _____

Total Square Footage: _____

Size of Lot: Less than 3 acres More than 3 acres Other: _____

Dwelling Limit: \$ _____

Occupancy: Primary Secondary Other (details required):

Dwelling Updates: List/date any upgrades or maintenance done:

Plumbing: _____

Heating: _____

Roofing: _____

Electrical: _____

Other: _____

Check all that apply:

Hydro: 60 Amp 100 Amp 200 Amp Aluminum Wiring Knob & Tube Wiring Circuit Breakers Fuses

If there is any knob and tube wiring in the home, what percent % and where is it located?

If there is any aluminum wiring in the home, what percentage? _____%

For risks where 60 amp service is in use, do you have more than four major appliances in use at the home (eg. refrigerator, washer/dryer, water heater, etc)? Yes No

Reason standard market chose not to renew:

List all claims and/or losses in the past five years by applicant(s) or other household members (Date, Description, Paid Amount, Open/Closed?):

Have you had more than one fire loss in the last five years? Yes No

Have you had any losses caused by arson? Yes No

During the last 12 months, how long have you been continuously employed? _____ months

Are any of your mortgages/liens/encumbrance payments in arrears? Yes No

Total amount of mortgages/liens/encumbrances: \$ _____

Do any business pursuits or farming take place on the premises? Yes No

(if yes, describe):

Are there any ex-farm buildings on the premises? Yes No

HARD TO PLACE HOME APPLICATION

(if yes, describe):

Is there more than one family that lives in the home? Yes No

Is there a self-contained suite? Yes No

Do you have any roomers/boarders on premises? Yes No

(if yes, how many):

Have you ever had insurance cancelled midterm? Yes No

(if yes, provide detail):

How long has applicant lived at this location? _____ Is the property for sale? Yes No

Describe any other potential exposures/liability: _____

Previous Insurer: _____ **Policy #:** _____ **Expiring Premium: \$** _____

Is the client new to your office? Yes No If no, how long have you known applicant? _____

Has broker visited the property Yes No

Would broker recommend this risk? Yes No

Note: Current photos of the front & rear of the dwelling may be required prior to binding

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER MARINE HAS ISSUED A BINDER NUMBER.

Signature of Applicant(s): _____ Date: _____

Signature of Applicant(s): _____ Date: _____

Signature of Broker: _____ Date: _____

Broker Firm: _____ Broker Email: _____

Broker Telephone: _____ Return Fax: _____

Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizpersonal@premiergroup.ca ****

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