

HIGH VALUE 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: _____
 How many years have you resided in Canada? _____ How long have you lived at this location? _____
 Occupation(s): _____
 Are there any business pursuits or activities on the premises? Yes No (Details required)

MORTGAGEES: – Mortgagees/ Loss payees/ Additional interest and other interested parties (name and address)

Are any of your mortgages/liens/encumbrance payments in arrears? Yes No
FIRE PROTECTION: Distance to Fire Hydrant: _____ Distance to Fire Hall: _____ Paid Volunteer
 Primary Secondary Seasonal Vacant/Unoccupied Rented Under Construction/Reno
 Number of Families: _____ Number of Units/Suites: _____
 Are there any roomers, boarders or tenants on premises? Yes No (Details required)

STRUCTURE/TYPE:
 Year Built: _____ Sq. Footage (all levels incl. basement): _____
 Detached Duplex Triplex

CONSTRUCTION:
 Brick Frame Stone Masonry Log Other: _____

Swimming Pool: Yes No - If yes, pool is located: Outdoor Indoor Dehumidification System: Yes No

HEATING
 Natural Gas Electric Oil (must provide Oil Tank Questionnaire & photo)
 Solid Fuel Heating Type (Aux or Primary): (must provide photo & Questionnaire)

UPDATE INFO:
Heating: _____ **Electrical:** _____
Plumbing: _____ **Roof:** _____
APPRAISAL: Date of last home appraisal: _____ Copy attached? Yes No

PROTECTION SYSTEMS:
 Describe any fire or burglary protection systems and confirm they are in good working order and have a maintenance agreement:

LIMITS OF INSURANCE

\$	Building (limit must not be less than 100% of estimated replacement cost value)
\$	Detached Buildings and Structures
\$	Personal Property (unscheduled)
\$	Additional Living Expenses Requested Deductible:
\$	Liability Insurance (Basic Limit)

SCHEDULED PERSONAL ARTICLES (i.e. Jewellery, Fine Arts) (Please submit detailed list of articles to be scheduled – attach separate sheet if needed)
 (Total Value): \$ _____

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EARTHQUAKE PROTECTION: Yes No **Requested Deductible** _____ %

ADDITIONAL LIABILITY EXPOSURES / ADDITIONAL INFORMATION

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

Please disclose all other facts which may have influence on the acceptance or assessment of this application:

LOSS EXPERIENCE:

Please describe all property and liability losses or claims by applicant(s) or household members during last 5 years (Date, Amount Paid/Reserved, Open/Closed, Cause of Loss etc):

PREVIOUS INSURER & POLICY NUMBER(S):

Current / Previous Insurer:

Expiring / Target Premium:

Has any Insurer cancelled, declined or refused to quote or renew insurance? Yes No

If yes, please provide details:

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 HAS ISSUED A BINDER NUMBER.

Signature of Applicant(s): _____ **Date:** _____

Signature of Broker: _____ **Date:** _____

Broker Firm: _____ **Broker AGT #:** _____

Broker Email: _____ **Phone:** _____ **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 of declaration of the underwriting insurance company(s).

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

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