

HOME SHARE – OWNER OCCUPIED WITH SHORT TERM RENTALS 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:	Structure / Type:	Construction:
<input type="checkbox"/> Furnace Central	<input type="checkbox"/> Detached	<input type="checkbox"/> Frame
<input type="checkbox"/> Oil Furnace <i>(requires questionnaire)</i>	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Brick
<input type="checkbox"/> Solid Fuel Heating <i>(requires questionnaire)</i>	<input type="checkbox"/> Townhouse or Rowhouse	<input type="checkbox"/> Masonry
<input type="checkbox"/> Wood Furnace <i>(requires questionnaire)</i>	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Log
<input type="checkbox"/> Electric Baseboard	<input type="checkbox"/> Duplex	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

Year Built: _____ Total Square Footage: _____

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
(if yes, describe): _____
 Is there more than one family that lives in the home? Yes No
 Is there a self-contained suite? Yes No

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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

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

Home Share / Short Term Rental Questionnaire for Owner-Occupied Homes:

How do you advertise and/or book? _____

Describe what portion of the home, or entire home, is being rented: _____

Do you provide any food or beverage to the tenants: Yes No

If yes, explain: _____

Do you include access or use of any bicycles, watercraft and motorized vehicles? Yes No

If yes, explain: _____

Anticipated maximum rental income you will derive in: _____ per month: _____ 12 months: _____

Do you require loss of rental income coverage? Yes No

If yes, limit required - _____ Max limit per month: \$ _____ Max limit per 12 months: \$ _____

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.

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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