

NAME OF APPLICANTS: _____ Quote Bind

Location - Address: _____ City: _____ Prov: _____ P.C.: _____

Age of Building: _____

HEATING	OCCUPANCY	Yes	No	STRUCTURE/TYPE	CONSTRUCTION
<input type="checkbox"/> Furnace Central	Owner Occupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Highrise	<input type="checkbox"/> Fire Resistive
<input type="checkbox"/> Solid Fuel Heating (Requires Questionnaire)	Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Concrete
<input type="checkbox"/> Combination with Wood	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Masonry
<input type="checkbox"/> Electric	Seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Triplex	<input type="checkbox"/> Frame
<input type="checkbox"/> Oil Furnace (Requires Oil Questionnaire)	Rented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Duplex	<input type="checkbox"/> Log
<input type="checkbox"/> Aux Heat Type: _____	Unoccupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Hydro: 60 amp 100 amp 200 amp

Fire Protection: Distance to Fire Hydrant: _____ Distance to Firehall: _____ Paid Volunteer

Personal Property Limit: \$ _____ Coverage Required: Std Fire & E.C. Earthquake

Other Coverage Required: _____

List all claims in the past five years (Date, Description, Paid)

Reason standard market chose not to write/renew: (Required)

To Be Answered By All Applicants:

Have you ever had insurance cancelled **mid-term**? YES NO If yes, reason: _____

Has your insurance been cancelled due to non-payment on more than one occasion? YES NO

Is the property for sale? YES NO

(If yes, explain): _____

Date of Birth: _____ Occupation: _____

Have you been continuously employed for 12 consecutive months? YES NO

(If no, explain): _____

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

Do any business pursuits take place on the premises? YES NO

(If yes, describe): _____

Is the unit attached to any commercial exposure? YES NO

(If yes, describe): _____

List and date all upgrades/maintenance done (electric/plumbing/heating etc.)

Are there more than two unrelated individuals living on the premises? YES NO

(If yes, describe): _____

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 Applicants:	Date:
Signature of Broker:	Date:
Broker Name & City:	Broker Email:
Broker Tel:	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 ****

Vancouver - T 604.669.5211 F 604.669.2667 **Toronto - T 416.365.0444 F 416.365.0446**