

**Tiny Home Application – Primary and Seasonal Residence**

**APPLICANT INFO**

Quote Only  Please Bind

Name of Insured: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ PC: \_\_\_\_\_

Location of Risk: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ PC: \_\_\_\_\_

Owner Owned Property  Seasonal with Short Term Rental Property  Seasonal Owner-Occupied Property

Will Tiny or Mini Home be towed or transported from Risk Location?  YES  NO Occupation: \_\_\_\_\_

Mortgagees/Lien Holders (name & address in payment order): \_\_\_\_\_

**DESCRIPTION OF PROPERTY**

Model Year: \_\_\_\_\_ Trade Name: \_\_\_\_\_ Size: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Occupancy:  Primary  Summer / Seasonal Is unit fully skirted?  YES  NO

Protection: Distance to Fire Hydrant: \_\_\_\_\_ Distance to Fire Hall: \_\_\_\_\_

Size of Lot:  Less than 3 acres  More than 3 acres Other: \_\_\_\_\_

Primary Heat Type: \_\_\_\_\_ (if oil, provide oil tank questionnaire) Auxiliary Heat:  YES  NO Type: \_\_\_\_\_

Wood Burning Device?  YES  NO (if yes, please attach wood heat questionnaire)

Updates: Hot Water Tank: \_\_\_\_\_ Roof: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electric: \_\_\_\_\_

Electrical System:  Less than 60 Amp  60 Amp  100 Amp  Over 100 Amp  Copper  Aluminum  Knob & Tube  Mixed  Unknown

Total Square Footage (incl. porches): \_\_\_\_\_  CSA Approved  RVIA Approved  NOAH Approved

Undergoing Renovation?  YES  NO (if yes, please contact a Premier construction specialist.)

**COVERAGE & LIMITS**

Policy Form:  Comprehensive  Named Perils Basis of Claim Payment:  ACV  RC

Standard Deductible: \$500 Optional Deductible:  \$1,000  \$2,500  \$5,000

**PART I - Principal Residence**

A. Tiny/Mini Home: \$ \_\_\_\_\_ B. Outbuildings: \$ \_\_\_\_\_ C. Personal Property: \$ \_\_\_\_\_ D. Additional Living Expense: \$ \_\_\_\_\_

**PART II - Comprehensive Personal Liability**

E. Bodily Injury Property Damage: \$ \_\_\_\_\_ F. Medical Payments: \$2,500 G. Voluntary: \$1,000

Optional Coverages required: \_\_\_\_\_

Earthquake:  YES  NO Replacement Cost:  YES  NO

Do you have any of the following liability exposures?  Additional Residence / Seasonal / Summer  Business on Premises

Swimming Pool&/or Hot Tub  Outboard Motors-HP: \_\_\_\_\_  Incidental Office Use (attach questionnaire)  Saddle or Draft Animals

Hobby farming (attach supplemental app)  Incidental School / Daycare  Tenants, Roomers, Boarders  Golf Cart

Previous Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Policy #: \_\_\_\_\_ Years Continuously Insured: \_\_\_\_\_

Previous Losses / Claims (past 5 years): \_\_\_\_\_

Have you ever had insurance refused or cancelled?  YES  NO Reason: \_\_\_\_\_

First time home buyer?  YES  NO Any gaps in Insurance Coverage  YES  NO (attach gap in coverage declaration)

**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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_ Broker Email: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_ AGT #: \_\_\_\_\_ Broker Phone #: \_\_\_\_\_ Broker 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](mailto:newbizpersonal@premiergroup.ca) \*\***

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