

APPLICANT

QUOTE ONLY PLEASE BIND

Name Of Applicant(s): _____ Date(s) of Birth: _____

Are there more than 2 registered owners? YES NO

Risk Location Address: _____ City: _____ Prov: _____ PC: _____

DWELLING

Type of Building:

Detached Home Semi-Detached Duplex Triplex Fourplex End Low (Townhouse) Inside Low (Townhouse)

Log Home Mobile Home (fully blocked, skirted + connected to utilities) Other (describe): _____

Construction:

Concrete Block/Masonry Stucco – Wood Frame Vinyl Siding – Wood Frame

Wood Siding – Wood Frame Concrete Fiberboard – Wood Frame Brick Veneer – Wood Frame

Stone Veneer – Wood Frame Solid Log Solid Brick Solid Stone Other (describe): _____

Foundation: Concrete Post & Pier Brick Stone Treated Lumber

Year Built: _____ Square Footage: _____ No. of Stories: _____ No. of Self-Contained Units: _____

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

Is there a swimming pool on premises? YES NO No. of Common Kitchens: _____ No. of Units in Complex: _____

How many amps is the electrical system? Under 60 Amps 60 Amps 100 Amps Over 100 Amps

Electrical System Details (check all that apply): Circuit Breakers Fuses Copper Aluminum Knob & Tube Other

Year of last major update to the electrical system: _____

Type of Plumbing: Copper PEX Galvanized Steel Polybutylene Cast Iron Other/Combined: _____

Year of last major update to the plumbing system: _____

Roof Material: Asphalt Shingles Metal Panel Flat Deck / Tar & Gravel Cedar Shingles / Shakes Metal Shingles Clay Tile / Slate

Year of Roof Update: _____

HEATING: Year of Heating Update: _____ Note: if there is an oil tank or wood heat, an Oil Tank or Wood Heat Questionnaire is required.

Primary Heat: _____ Primary Heat Fuel Type: _____

Auxiliary Heat: _____ Auxiliary Heat Fuel Type: _____

Does the property have operational smoke detectors? YES NO

UNDERWRITING

Who is responsible for the care and maintenance of the property?

Insured Neighbor Property Manager Friend/Relative Tenant Other(describe): _____

Caretakers Name and Phone Number: _____

Distance to Fire Hydrant:

Distance to Firehall:

Are there any sewer backup losses, insured or otherwise, at this location in the past 5 years? YES NO

Are there any other types of losses, insured or otherwise, at this location in the past 5 years? YES NO

If Yes, Please provide details: _____

Number of liens/encumbrances/mortgages: 1 2 3 4

Are there any business or farming pursuits on premises? YES NO

If yes, please describe: _____

Has this risk been declined, refused or cancelled by another insurer? YES NO

If yes, please describe: _____

Is the building slated for demolition? YES NO

Will there be any renovations? YES NO

If Yes: Renovation budget: _____ Structural Renovations: YES NO Details: _____

How often is the property visited?: Once per month 3-4 times per year Other (describe): _____

STUDENT HOUSING APPLICATION

Minimum Rental Arrangements for this property: Daily Weekly Monthly Yearly Other(describe):

Tenant Details: Number of Students Other (describe):

Does the owner's child live in the dwelling YES NO

COVERAGES - LIMITS

Dwelling Building:	Detached Structures:	Major Appliances:
Premises Liability:	Rental Income:	Deductible:
Sewer Backup: <input type="checkbox"/> YES <input type="checkbox"/> NO Limit Required:	Earthquake: <input type="checkbox"/> YES <input type="checkbox"/> NO	

INFORMATION REQUIRED UPON BINDING:

Requested Effective Date:	Principal(s) if applicable:		
Postal Address:	City:	Prov:	PC:
Loss Payable(s) Name & Address:			

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 Broker:	Date:		
Broker Firm:	Broker AGT #:		
Broker Email:	Tel:	Fax #:	

Premier Canada Assurance Managers Ltd. 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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