

	TENANTS PACKAGE Page 1				
Name of Applicant(s):			QUOTE   I	PLEASE BIND	
			Requested Eff.	Date:	
Mailing Address:					
Location Address:					
Date(s) of Birth:		Occupation(s)	:		
Fire Protection: Distance to Fire Hydrant:		Distance to Fire Hall:		☐ Paid ☐ Volunteer	
Heating:		Structure / Type:	Construction:		
☐ Furnace Central		☐ Highrise	☐ Fire Resistive		
☐ Oil Furnace (Requires Oil Questionnaire)		☐ Townhouse	☐ Concrete		
☐ Solid Fuel Heating (Requires Questionnaire)		Rowhouse	☐ Masonry		
☐ Wood Furnace (Requires Questionnaire)		☐ Triplex	☐ Frame		
☐ Electric Baseboard		☐ Duplex	☐ Log		
☐ Other:		☐ Other:	☐ Other:		
/ear Built:					
Occupancy: 🗌 Primary 🔲 S	Secondary   Other (d	etails required):			
Owelling Updates: List / date	e any upgrades or main	tenance done:			
Plumbing:	Heating:	Electrical:	Roof:		
Personal Property Limit:	\$	(\$75,000 Max for Fire Re	esistive, \$50,000 Max for C	Other)	
Reason standard market ch	ose not to write/renev	v (required):			
Reason standard market ch  List all Claims and/or Losse Amount, Open/Closed?		v (required):	sehold members (Date, l	Description, Paid	
ist all Claims and/or Losse			sehold members (Date, I	Description, Paid	
List all Claims and/or Losse Amount, Open/Closed?	es in the past five year		sehold members (Date, I	Description, Paid	
List all Claims and/or Losse Amount, Open/Closed?	es in the past five year	rs by applicant(s) or other hou	isehold members (Date, l		
List all Claims and/or Losse Amount, Open/Closed?  To Be Answered By All App Have you had more than one	es in the past five year  olicants:  fire loss in the last five	rs by applicant(s) or other hou	sehold members (Date, I	□ YES □ NO	
List all Claims and/or Losse Amount, Open/Closed?  To Be Answered By All App Have you had more than one	es in the past five year  blicants:  fire loss in the last five used by arson?	rs by applicant(s) or other hou	sehold members (Date, l	☐ YES ☐ NO	
List all Claims and/or Losse Amount, Open/Closed?  To Be Answered By All Applaye you had more than one have you had any losses cau During the last 12 months, ho	es in the past five year  licants: fire loss in the last five used by arson?  w long have you been o	rs by applicant(s) or other hou years? continuously employed?	sehold members (Date, I	☐ YES ☐ NO☐ YES ☐ NO	
ist all Claims and/or Losse Amount, Open/Closed?  To Be Answered By All App Have you had more than one Have you had any losses cau During the last 12 months, how any business pursuits taken	es in the past five year  colicants:  fire loss in the last five used by arson?  fire long have you been on the premises	rs by applicant(s) or other hou years? continuously employed?	sehold members (Date, I	☐ YES ☐ NO ☐ YES ☐ NO months ☐ YES ☐ NO	
ist all Claims and/or Losse amount, Open/Closed?  To Be Answered By All Applaye you had more than one lave you had any losses cause ouring the last 12 months, he could not be a superior of the unit attached to any control of the last 12 months.	es in the past five year  clicants: fire loss in the last five used by arson?  ow long have you been on the premises mmercial exposure? If y	years? continuously employed? s? //es, describe:	sehold members (Date, I	☐ YES ☐ NO ☐ YES ☐ NO  months ☐ YES ☐ NO ☐ YES ☐ NO	
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List all Claims and/or Losse Amount, Open/Closed?  To Be Answered By All Appraire you had more than one have you had any losses cause of the last 12 months, he could not be any business pursuits takens the unit attached to any contave you ever had insurance has your insurance been can are there more than two unreprevious Insurer:	es in the past five year  plicants: fire loss in the last five used by arson?  ow long have you been on the premises mmercial exposure? If y cancelled mid-term? If celled due to non-paym clated individuals living of Policy the?	years?  continuously employed?  s?  ves, describe: f yes, describe: nent on more than one occasion on the premises? If yes, describe	?	YES   NO   NO   NO   NO   YES   NO	



TENANTS PACKAGE Page 2 of 2

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 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 \*\*

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