

**TENANTS PACKAGE**

Name of Applicant(s): \_\_\_\_\_

QUOTE  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:**

- Furnace Central
- Oil Furnace (Requires Oil Questionnaire)
- Solid Fuel Heating (Requires Questionnaire)
- Wood Furnace (Requires Questionnaire)
- Electric Baseboard
- Other: \_\_\_\_\_

**Structure / Type:**

- Highrise
- Townhouse
- Rowhouse
- Triplex
- Duplex
- Other: \_\_\_\_\_

**Construction:**

- Fire Resistive
- Concrete
- Masonry
- Frame
- Log
- Other: \_\_\_\_\_

Year Built: \_\_\_\_\_

Occupancy:  Primary  Secondary  Other (details required): \_\_\_\_\_

Dwelling Updates: List / date any upgrades or maintenance done: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_

Personal Property Limit: \$ \_\_\_\_\_ (\$75,000 Max for Fire Resistive, \$50,000 Max for Other)

Reason standard market chose not to write/renew (required): \_\_\_\_\_

List all Claims and/or Losses in the past five years by applicant(s) or other household members (Date, Description, Paid Amount, Open/Closed?)

**To Be Answered By All Applicants:**

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

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

Is the unit attached to any commercial exposure? If yes, describe:  YES  NO

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

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

Are there more than two unrelated individuals living on the premises? If yes, describe:  YES  NO

Previous Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiring Premium \$ \_\_\_\_\_

Is the client new to your office?  YES  NO

Has broker visited the property?  YES  NO

Would broker recommend the risk?  YES  NO

**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](mailto:newbizpersonal@premiergroup.ca) \*\***

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