

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

Year Built: _____

Type of Building:

- Detached Home Duplex or Triplex Semi-Detached Fourplex Townhouse/Row House (part of structure less than 6 units)
 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 Brick Stone Post & Pier Treated Lumber

Square Footage: _____ No. of Stories: _____ Number of Self-Contained Units/Suites: _____

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

How many amps is the electrical system? Less than 100Amps 100 Amps Over 100 Amps

Year of last major update to the electrical system: _____

Type of Plumbing: Copper Galvanized Steel Cast Iron Polybutylene

Year of last major update to the plumbing system: _____

Roof Material: Asphalt Shingles Clay Tile Cedar Shakes Metal Tar & Gravel

Year of Roof Update: _____

HEATING: 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: _____

If Applicable: Annual Wood Cords Burned: _____

If Applicable: Oil Tank Location: _____ Year Installed: _____ Oil Containment System? YES NO

Does the property have operational smoke detectors? YES NO

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

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

Distance to Fire Hydrant: _____ Distance to Firehall: _____

Any 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

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

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 applicable, what is the budget for renovations? _____

If applicable, will there be any structural renovations? YES NO

If yes, please describe: _____

SEASONAL DWELLING APPLICATION

General Renovation Details:

Is the property inaccessible by road or cut-off during the winter? YES NO

Number of months occupied by insured as a seasonal residence:

Is the residence rented to others? YES NO

If yes, what is the annual duration? Weeks (between 1-52)

If applicable, Minimum Rental Arrangements for this property:

1 year commitment Monthly Weekly Daily Other (describe):

If applicable, please check the months that the residence is occupied by tenants:

January February March April May June July August September October November December

If applicable, Tenant Details:

Single family per self-contained unit/suite Students More than 2 unrelated tenants Roomers / Boarders

Rooming House Vacation Rental Other (describe):

Describe screening process for selection of prospective tenants:

If applicable, is motorized watercraft or motorized vehicle included in the rental? YES NO

COVERAGES - LIMITS

Dwelling Building: Outbuilding: Contents:

Premises Liability: Rental Income: Deductible:

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 ****

Vancouver - T 604.669.5211 F 604.669.2667

Toronto - T 416.365.0444 F 416.365.0446