|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MOBILE HOME APPLICATION – PART 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURANCE COMPANY: WYNWARD INSURANCE GROUP | | | | | | | | | | | | | | | | | | POLICY NUMBER | | | | | | | NEW  POLICY CHANGE | | | | | |
| APPLICANT’S NAME **(SURNAME / FIRST / SECOND)** AND MAILING ADDRESS | | | | | | | | | | | | | | | | BROKER/AGENT | | | | | | BROKER/PRODUCER CODE: | | | | | | | | |
| **POSTAL CODE:** APPLICANT’S DATE OF BIRTH (MM/DD/YY) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **First App. -** | | | | | | | | **Second App. -** | | | | | | | |  | | | | | | | | | | | | | | |
| EFFECTIVE DATE (MM/DD/YY) | | | | | | TIME | | | | | | EXPIRY DATE (MM/DD/YY) | | | | | | | | ALL TIMES ARE LOCAL TIMES AT THE APPLICANT’S POSTAL ADDRESS STATED HEREIN | | | | | | | | | | |
| **LOSS & POLICY HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANY PREVIOUS LOSSES?**  YES  NO if yes, state all losses or claims by the applicant or any member of the applicant’s household in the past 5 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE (MM/DD/YY) | | | CAUSE | | | | | | | | | | | | | | | | | | | | | | | | | | AMOUNT | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **HAS ANY INSURER CANCELLED, DECLINED OR REFUSED** TO RENEW OR ISSUE INSURANCE TO THE APPLICANT WITHIN THE PAST 5 YEARS? YES  NO  IF YES, PROVIDE DETAILS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PREVIOUS INSURER: | | | | | | | | | | | | | | POLICY #: | | | | | | | | | EXP. DATE: | | | | | | | |
| **PROPERTY INSURED** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| YEAR | | MANUFACTURER | | | | | | | | MODEL | | | | | | | SERIAL NUMBER OR REGISTRATION # | | | | | | | | | SIZE (LENGTH & WIDTH) | | | | |
| SIZE OF ENCL. ADDITION | | | | | DECK -  OPEN SIZE        COVERED SIZE | | | | | | | | | | | | | | PORCH -  OPEN SIZE        COVERED SIZE | | | | | | | | | | | |
| SHOP -  Attach   Detach  SIZE | | | | | | | | | CARPORT -  Attach   Detach  SIZE | | | | | | | | | | | | GARAGE -  Attach  Detach  SIZE | | | | | | | | | |
| **RISK LOCATION (if different from Mailing address)** | | | | | | | | | | | **(MAX. 160 ACRES)** | | | | LOSS PAYABLE | | | | | | | | | | | | | | | |
| MOBILE HOME PARK:  RISK LOCATION ADDRESS:          **POSTAL CODE:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **RATING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HEATING** | | | | | | | | | | | | | MANDATORY INFORMATION | | | | | | | | | | | UPDATES | | | | | | |
| PARTIAL | | | | FULL | | YEAR |
| Portable or Space Heaters used as Primary Heat? Yes  No  **Primary Heat:** N/G  Oil  Propane  Heat Pump  Elec.  Wood  Electric Baseboard  Other : - Type  **Auxiliary Heat?** Yes  No  Type:  If heating is **OIL**, please attach oil tank questionnaire and current photo | | | | | | | | | | | | | **PLUMBING**  Any POLY B? Yes  No  **(Losses arising out of Poly B plumbing will not be covered)**  Type: Copper  PVC  PEX  Galvanized | | | | | | | | | | |  | | | |  | |  |
|  | | | |  | |  |
| **SOLID FUEL HEATING UNIT** | | | |  | | | | | | | | | **ELECTRICAL:**  Aluminum Wiring? Yes  No  Circuit Breaker  OR Fuses  100 AMP  OR Other:       AMP | | | | | | | | | | |  | | | |  | |  |
| Any Wood burning Device? | | | | Yes  No | | | | | | | | |
| **Type**: | Wood   Pellet   Outside Wood Boiler | | | | | | | | | | | |
| **Please attach Solid Fuel Heating Questionnaire and Photos** | | | | | | | | | | | | |
| **SECURITY SYSTEM** | | | | | | | | | | | | | ROOF – Type: | | | | | | | | | | |  | | | |  | |  |
| **MONITORED**  FIRE  BURGLAR  **(CERTIFICATE REQUIRED FOR ALARM DISCOUNT)** | | | | | | | | SMOKE DETECTOR | | | | | WATER TANK – AGE: | | | | | | | | | | | | | | | | | |
| Mobile Home Fully Skirted? YES  NO | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | RAILINGS INSTALLED FOR STAIRS WITH MORE THAN 3 RISERS OR HIGHER THAN 2 FT. OFF THE GROUND? | | | | | | | | | | | | | | Yes  No | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADDITIONAL EXPOSURE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Explain “Yes” responses in remarks | | | | | | | | | | | | | | YES | NO | |  | | | | | | | | | | | | | | | | YES | | | NO |
| UNIT RENTED TO OTHERS? NO. OF FAMILIES?      . | | | | | | | | | | | | | |  |  | | DAY-CARE/BABYSITTING? # OF CHILDREN?      . | | | | | | | | | | | | | | | |  | | |  |
| ROOMS RENTED TO OTHERS? HOW MANY?      . | | | | | | | | | | | | | |  |  | | ANY COMMERCIAL/HOMEBASE OPERATIONS AT THIS LOCATION? | | | | | | | | | | | | | | | |  | | |  |
| ANY SADDLE OR DRAFT ANIMALS? HOW MANY?      . | | | | | | | | | | | | | |  |  | | ANY ADDITIONAL PRIMARY RESIDENCES? | | | | | | | | | | | | | | | |  | | |  |
| Swimming Pool  Hot Tub over 30 inches deep  Trampoline ? | | | | | | | | | | | | | |  |  | | INCIDENTAL OFFICE USE? | | | | | | | | | | | | | | | |  | | |  |
| **COVERAGE, PROTECTION, FORMS, LIMITS & DEDUCTIBLES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROTECTION:** | | WITHIN 300M OF HYDRANT | | | | | | | | | WITHIN 8KMS OF FIREHALL | | | | | | | | | | UNPROTECTED | | | | | | | | | | TERRITORY      . | | | | | |
| **OCCUPANCY:** | | PRIMARY | | | | | TENANT | | | | | | | RENTAL | | | | SEASONAL | | | | | | | SECONDARY | | | | | | | VACANT | | | | |
| **FORM TYPE:** | | COMPREHENSIVE | | | | | | | | | | BROAD | | | | | | | BASIC | | | | | | | | | | | FIRE EC | | | | | | |
| **DEDUCTIBLES :** | | POLICY DED.  $500 OR  $      . | | | | | | | | | | | | | | | | PREFERRED  STANDARD | | | | | | | | | | | | | | | | | | |
| BASIS OF LOSS SETTLEMENT | | | | | | **MOBILE HOME**: **\***G.R.C.  R.C.  A.C.V.  **\* Current Bill of Sale required for GRC** | | | | | | | | | | | | | | | | | | **PERSONAL PROPERTY:** R.C.  A.C.V. | | | | | | | | | | | | |
| MOBILE HOME | OUTBUILDINGS | | | | PERSONAL  PROPERTY | | | | | | | | ADDITIONAL  LIVING EXPS. | | | LEGAL LIABILITY | | | | | | VOLUNTARY  MED. PAYMENTS | | | | | | VOLUNTARY  PROP. DAMAGE | | | | | | ESTIMATED  PREMIUM | | |
| $ | $ | | | | $ | | | | | | | | $ | | | $ | | | | | | $ | | | | | | $ | | | | | | $ | | |
| MOBILE HOME APPLICATION - SUPPLEMENTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION “A” – OPTIONAL PROPERTY COVERAGES** | | | | | | | | | | | | | | | | | | | YES | | | | LIMIT | | | | | | DEDUCTIBLE | | | | | | EST. PREMIUM | |
| EARTHQUAKE (SUBJECT TO CMHC APPROVED TIE DOWNS) | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | | |  | |
| RENTAL INCOME (100% Co-Insurance) | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | | |  | |
| BOARDERS OR RENTERS – PROVIDE NAME, AGE, OCCUPATION, LOSS HISTORY | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | | |  | |
| **SCHEDULED ARTICLES** | | | | | | | | | | | | | | | | | | | YES | | | | LIMIT | | | | | | DEDUCTIBLE | | | | | | EST. PREMIUM | |
| SCHEDULED ARTICLES FLOATER (ATTACH SCHEDULE & APPRAISALS) | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | | |  | |
| PERSONAL WATERCRAFT (ATTACH SCHEDULE) | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | | |  | |
| FINE ARTS (ATTACH SCHEDULE & APPRAISALS) | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | | |  | |
| ***TOTAL ESTIMATED PREMIUM THIS SECTION*** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **SECTION “B” – OPTIONAL LIABILITY COVERAGES** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | EST. PREMIUM | |
| OUTBOARD MOTORS | | | # OF MOTORS - | | | | | | | HP OF MOTORS (ATTACH LIST IF MORE THAN 2) #1 | | | | | | | | | | | | | | | | | #2 | | | | | | | |  | |
| INBOARD MOTORS | | | # OF MOTORS - | | | | | | | HP OF MOTORS (ATTACH LIST IF MORE THAN 2) #1 | | | | | | | | | | | | | | | | | #2 | | | | | | | |  | |
| ***TOTAL ESTIMATED PREMIUM THIS SECTION*** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| TOTAL ESTIMATED PREMIUM THIS PAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **ADDITIONAL INSURED:** | | | |  | | | | | | | **RELATIONSHIP TO INSURED** | | | | | | | | | **DATE OF BIRTH** | | | | | | **COVERAGE(S) REQUIRED** | | | | | | | | | | |
| **NAME** | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |  | | | | | | CONTENTS  LIABILTIY | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |  | | | | | | CONTENTS  LIABLITY | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PREMIUM SUMMARY** | |  | | | | **BROKER/AGENT QUESTIONNAIRE (For additional comments use remarks)** | | | | | | |
| RATE TABLE PREMIUM | | | |  | | HAVE YOU SEEN THIS PROPERTY? | | YES | | | NO | |
| + INCREASED OUTBUILDINGS **BY $** | | | |  | | IF YES, WHEN? | | | | | |  |
| + INCREASED CONTENTS **BY $** | | | |  | | CONDITION OF THE PROPERTY? | GOOD | | | | | |
| **= UNADJUSTED BASE PREMIUM** | | | |  | |  | FAIR | | | | | |
| - OPTIONAL DEDUCTIBLE CREDIT | | | |  | |  | POOR | | | | | |
| **= ADJUSTED BASE PREMIUM** | | | |  | |  | | | |  | | |
| - AGE OF MOBILE HOME MODIFIER | | | |  | |  | | | |  | | |
| - FACTORY DOUBLEWIDE DISCOUNT | | | |  | |  | | | |  | | |
| - MATURE MARKET DISCOUNT | | | |  | | OPTIONAL COVERAGE DESCRIPTION | | OPTIONAL COVERAGE PREMIUM | | | | |
| - MORTGAGE FREE DISCOUNT | | | |  | |  | |  | | | | |
| -ALARM DISCOUNT | | | |  | |  | |  | | | | |
| + WOODHEAT CHARGE | | | |  | |  | |  | | | | |
| + OPTIONAL COVERAGE PREMIUMS | | | |  | |  | |  | | | | |
|  | | | |  | |  | |  | | | | |
| TOTAL ESTIMATED PREMIUM | | | |  | | TOTAL OPTIONAL COVERAGE PREMIUM | |  | | | | |
| REMARKS |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **CONSENT In accordance with the Act Respecting the Protection of Personal Information in the Private Sector**  If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfil their functions:   1. Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.    1. -For the purpose of establishing the premium and the assessment of risk; and , (if you would like to consent now)    2. -For the purpose of verification, assessment and the settlement of losses;   Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.   1. Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression of crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.   Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.  I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.  Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.  The total estimated policy premium is subject to adjustment to the insurer’s manual premium for the risk. | | | | | | | | | | | | |
| All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance.  The answers in all parts of this application are correct to the best of my (our) knowledge and belief. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| SIGNATURE OF APPLICANT | | | DATE | | SIGNATURE OF CO-APPLICANT | | | | DATE | | | |
| SIGNATURE OF ADDITIONAL INSURED | | | DATE | | SIGNATURE OF ADDITIONAL INSURED | | | | DATE | | | |
| SIGNATURE OF PRODUCING BROKER **NAME OF SIGNATORY (Please Print)** | | | | | DATE | | | | | | | |