

## Personal Lines Application Form

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

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Mortgages: Yes No Number of Mortgages: \_\_\_\_\_ Number of Private Mortgages: \_\_\_\_\_

Name and Address of Mortgage(s): \_\_\_\_\_

Total amount of Mortgage(s) (If more than 1 or with a Private Mortgage): \$ \_\_\_\_\_

Is applicant an Absentee Landlord or lives more than 250 km from Location: Yes No

If yes, please provide details of who is responsible for the maintenance and inspection of the property (name and address):

Name & Contact Info (Phone Number & Email): \_\_\_\_\_

Address: \_\_\_\_\_

Is there a contract in place between the insured and the individual or company looking after the location: Yes No

### Occupancy of Location

Primary

Secondary

Seasonal

Rented Number of Self-Contained Units: \_\_\_\_\_ Number of Kitchens (Fridge & Stove): \_\_\_\_\_

Single Family per unit/suite: \_\_\_\_\_ Number of Roomers/Boarders: \_\_\_\_\_

Number of students: \_\_\_\_\_

Occupied as Tenant

AirBnB/Short - Term Rental Minimum night stay: \_\_\_\_\_

Vacant Date first Vacant: \_\_\_\_\_ Reason for Vacancy: \_\_\_\_\_

Future Plans for Property: \_\_\_\_\_

Will there be any renovations? Yes No

If Yes, selected above, describe renovation details: \_\_\_\_\_

Any Farming operations on the property? Yes No If yes, by the insured or other? : \_\_\_\_\_

Swimming Pool: Yes No Trampoline: Yes No

### Dwelling Details

Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Number of Acres: \_\_\_\_\_

Construction: Solid Brick      Brick Veneer      Frame      Fire Resistive      Other (describe) \_\_\_\_\_

Detached      Semi-Detached      Condo Townhouse      Freehold Townhouse      Row House

Low/High Rise Building      Apartment

Condo- Interim Closing Occupancy: Yes      No

Distance to Fire Hydrant: \_\_\_\_\_ Distance to Fire hall: \_\_\_\_\_

### Construction details and if over 20 years old year provide updates

- Roof Type: \_\_\_\_\_ Year Updated: \_\_\_\_\_ Full      Partial
- Heating Type : \_\_\_\_\_ Year Updated: \_\_\_\_\_ Full      Partial
- Auxiliary Heat (e.g. - Wood Stove): Yes      No      Type: \_\_\_\_\_
- Plumbing Type: \_\_\_\_\_ Year Updated: \_\_\_\_\_ Full      Partial
- Electrical: Knob & Tube      Fuses      Circuit Breakers      Number of Amps: \_\_\_\_\_  
Year Updated: \_\_\_\_\_ Full      Partial
- Electrical Wiring: Copper      Aluminum      Mixed

### History

Previous Insurer: \_\_\_\_\_ Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused to renew insurance during the past 5 years: \_\_\_\_\_

If yes, provide reason: \_\_\_\_\_

Any losses or claims in the last 5 years? Yes      No

If Yes, provide Full Details (Including Date of Loss / Has claim been Closed / Total amount paid / Have all repairs been completed/ What has applicant done to mitigate any future losses):

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**Coverages / Limit of Insurance:**

<u>Coverages</u>	<u>Limit of Insurance</u>		
Building:	\$ _____		
Outbuilding:	\$ _____		
Contents:	\$ _____		
Rental Income:	12 Months	18 Months	24 Months \$ _____ <i>Months</i>
Sewer Backup:	\$ _____		
Equipment Breakdown:	Yes	No	
Flood:	Yes	No	
Earthquake:	Yes	No	
Premises/Personal Liability:	\$ _____		
Other:	_____		

Additional Remarks/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: POLICIES CANNOT BE BOUND OR ALTERED VIA EMAIL WIHTOUT THE EXPLICIT WRITTEN CONFIRMATION FROM THE UNDERWRITER.

Signature of Applicant (s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Firm: \_\_\_\_\_

Broker Email: \_\_\_\_\_ Tel: \_\_\_\_\_