



GROUP ONE INSURANCE SERVICES

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www.grouponeis.com

MOBILE HOME APPLICATION

(Current Photos of Front & Back Must Accompany Application)

BROKERAGE:

Broker contact: _____ Phone No.: _____
 Email address: _____ Fax No.: _____

INSURED:

Name of Applicant: _____
 Mailing Address: _____
 Risk Location: _____

Has the applicant moved in the past 5 years? Yes No

If yes, provide previous address: _____

Principal Owner(s): _____

Has the applicant or spouse filed for bankruptcy? Yes No

If yes, provide details: _____

Occupation: _____ Yrs Continuously Employed: _____ Date of Birth: _____

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Insured is: Owner Tenant Landlord's Name & Address: _____

Loss Payee / Mortgagee / Additional Insured (include name & address):

1. _____

2. _____

INSURANCE EXPERIENCE: New Business Renewal

Existing Insurer: _____ Target Premium Required: _____

Renewal Offered: Yes No If not, why? _____

Have you had any insurance refused or cancelled within the past 5 years? Yes No

If yes, please explain: _____

LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:

Date of Loss	Details of Loss	Amount Paid/Reserve	Open/Closed

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?

GENERAL INFORMATION:

Operations: Primary Residence Second Non-Seasonal Seasonal
 Rented to 3rd Party Vacant, Unoccupied

PROPERTY

Model Year: _____ Trade Name: _____
Model: _____ Length: _____ Width: _____
Serial #: _____ Purchase Date: _____ Purchase Price: _____
Is home tied down? _____ Type of Skirt: _____ Foundation: _____
Adjacent Exposure: _____

Occupied by Applicant as: _____
Any portion of this building: Vacant or Unoccupied? Yes No Under Renovation? Yes No
If yes, please explain: _____

Exterior: Aluminum Vinyl Metal Frame Others: _____
Floor: Wood Joist Concrete Wood Others: _____
Heating: Natural Gas Electric Oil Combination Furnace
 Wood Stove Others: _____

Oil Heat (Tank): Inside Outside Above ground In ground
Age of Tank: _____ Date of last inspection: _____

Electrical: Fuses: _____ Circuit Breakers: _____ Amps: _____
 Knob and Tube Wiring: Yes No Aluminum: Yes No Copper: Yes No

Year Updated: Heating: _____ Electrical: _____
 Plumbing: _____ Roof: _____

Fire Protection: Fire hydrant within 300 metres/1000 feet Fire Hall within 8km Unprotected
 Paid Volunteer Distance to Responding Fire Dept: _____ Smoke Detectors: Yes No

Burglar Alarm: Local Monitored

LEGAL LIABILITY

Is location rented to others? Yes No
Rooms Rented to Others: _____ Incidental Office Use: _____
Outdoor Motors or Boats: _____ Swimming Pool/Hot Tub: _____
Additional Families: _____
Daycare provided from the home: _____
Hobby Farming: Yes No If yes, please describe: _____
Paid Help: Yes No In Out Nanny Chauffeur Other: _____

LIMITS OF INSURANCE

Coverage:--	Deductible	Co-Ins	Limit of Insurance
<input type="checkbox"/> Broad Form <input type="checkbox"/> Named Perils <input type="checkbox"/> ACV <input type="checkbox"/> RC			
Dwelling Building			\$
Detached Private Structures - 5% of Building			\$
Personal Property			\$
Additional Living Expenses			\$
Legal Liability			\$
Voluntary Medical Payments			\$1,000.00
Voluntary Property Damage			\$ 250.00
Other			\$

BROKER DECLARATION

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____

Is the applicant financially sound? Yes No Have you personally seen this property? Yes No

Do you recommend this applicant? Yes No Is the property for sale? Yes No

Comments: _____

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: _____ Date: _____

Print Name of Broker/Producer & Brokerage: _____

DISCLAIMER

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application for insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of insurance.

The policy may be deemed to be void and claims may be denied where:

1. An applicant for a contract:
 - a) Provides false or erroneous information to the prejudice of the insurer; or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The insured contravenes a term of the Contract or commits a fraud; or
3. The insured willfully makes a false statement in respect of a claim under the Contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES.

Signature of Applicant: _____

Date: _____

Print Name of Applicant: _____

Broker's Signature: _____

Date: _____

FUEL OIL TANK QUESTIONNAIRE

Brokerage: _____ Policy #: _____

Insured: _____

Risk Location: _____

1. Location of Tank: Inside Building Outside Building Underground
Type of Tank: Steel Steel with Interior Liner Fiberglass Other
Construction Approval Label: CSA ULC WH UL (to Canadian Standards)
Spill Protection: Concrete Dam Other Containment Devices
2. Tank Support (Base Construction): Concrete Wooden Dirt
Is tank fastened with a bracket for stability? Yes No
If inside, is tank filled and vented outside? Yes No
Is vent stack located higher than fill pipe? Yes No
3. Age of oil tanks _____ yrs (check tank for sticker/stamp with date) Is there a sticker or stamp? Yes No
4. Any rust, dents or evidence of corrosion? Yes No
5. Signs of leaks of oil spills, current or past? Specify (fill pipe, vent pipe, fuel line, drain) Yes No
6. Are fumes or odors evident? Yes No
7. Is tank inspected and serviced annually? Yes No
8. Is tank safe from vehicle impact? Yes No
9. Is there 61 cm/2 feet of clear airspace around the tank? (helps provide condensation relief) Yes No
10. Has the tank been painted (for corrosion protection)? Yes No
11. Is the fuel supply line protected (from physical damage)? Yes No
12. Is tank filled regularly (keeping the tank filled helps prevent condensation buildup inside the tank)? Yes No
13. Is the tank located at least 1.6 m/5 feet from any ignition source? Yes No
14. Is there a loop in the fuel line supply? Yes No
15. Is the fuel line protected where it passes through the foundation? Yes No
16. Where is the line filter located in relation to the building? Inside Outside
17. Where is the tank outlet located (supply line to furnace)? Top Side Bottom
18. Distance from fuel tank to furnace _____ m feet

Other Comments: _____

Signature of Applicant: _____

Date: _____