



GROUPONE INSURANCE SERVICES

50 Leek Crescent, Suite 101, Richmond Hill, ON L4B 4J3
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www.grouponeis.com

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

PROPERTY

Risk Location # _____ Year Built: _____ #of Stories: _____ Sq. Ft.: _____

Occupied by Applicant as: _____

Any portion of this building: Vacant or Unoccupied? Yes No Under Renovation? Yes No

If yes, please explain: _____

Structure Type: Detached Semi-Detached Townhouse Rowhouse **Firewall:** Yes No
Duplex Triplex Multiplex Other: _____

Walls: Frame Brick Veneer Brick/Stone Alum. Siding Modular Non-Combustible

Roof: Wood Joist Concrete Wood Others: _____

Primary Heat: Natural Gas Space Heater Oil Combination Furnace Electric Wood Stove

Auxiliary Heat: Electric Space Heater Wood Stove

Wood Heat: Woodstove Wood Furnace Fireplace Insert Combination Wood Furnace

Oil Heat (Tank): Inside Outside Above ground In ground

Age of Tank: _____ Date of last inspection: _____

Electrical: Circuit Breakers Fuses AMPS: _____

Knob and Tube Wiring: Yes No Aluminum: Yes No Copper: Yes No

Plumbing: Copper Plastic Galvanized/Cast Iron Other: _____

Year Updated: Roof: _____ Full Partial Heating: _____ Full Partial

Electrical : _____ Full Partial Plumbing: _____ Full Partial

Sump Pump: Age: _____ Is there an Alarm? Yes No

Water Main Supply: Does the Applicant know where the main water shut off valve is for their unit(s)? Yes No

Hot Water Tank(s): What is the age of the hot water tank? _____ Is there drainage for the hot water tank? Yes No

Central hot water or steam heating: Is proper drainage provided for the boiler room? Yes No

Are radiators and piping protected from freezing? Yes No

Leaking from Appliances: Are all water supplied appliances/equipment connected with braided hoses? Yes No

Fire Protection: Fire hydrant within 300 metres Fire Hall within 8km Fulltime Volunteer Unprotected

Alarm: Yes No Central Monitored Local ULC Approved: Yes No

Motion Detector Heat Detector Other: _____

Burglary Fire Low Temp

Is basement fully finished? Yes No If no, provide details: _____

Housekeeping: Excellent Good Fair Poor

Physical Condition: Excellent Good Fair Poor

Outbuilding(s) – please complete additional application for any outbuildings not attached to the main dwelling.

Note: If more than one building/location, please provide separate schedule.

LEGAL LAIBILITY

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: _____

COVERAGE AND LIMITS OF INSURANCE

- Home Protect 1 – Standard Form**
- Home Protect 2 – Broad Form**
- Home Protect 3 – Comprehensive Form**

Form, Basic of Loss Settlement and Deductible will be based on risk qualification and may differ from your request.

Personal Articles and Fine Arts – appraisals are required on articles in excess of \$1,000. A deductible will apply.

Coverage:	DEDUCTIBLE: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other \$ _____	Limit of Insurance
Dwelling Building		\$
Detached Private Structures		\$ 5% of Building Limit
Personal Property		\$
Additional Living Expenses		\$
Legal Liability		<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$ _____
Voluntary Medical Payments		\$ 1,000
Voluntary Property Damage		\$ 250
Jewellery (Attached Schedule)		\$
Is Jewellery kept in a safe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what limit is in safe? \$ _____		
Fine Arts (Attached Schedule)		\$
Watercraft (Attached Schedule)		\$
Other – Describe (Attached Schedule)		\$
		\$

Additional Coverage: Sewer Backup

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: _____

