



HABITATIONAL INSURANCE APPLICATION

BILLING METHOD

INSURANCE COMPANY QUOTE NEW RENEWAL BINDER NUMBER POLICY NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS	2. BROKER'S NAME AND POSTAL ADDRESS
NAME	NAME
ADDRESS	ADDRESS
CITY, PROV POSTAL CODE	CITY, PROV POSTAL CODE
CONTACT NAME	CONTACT NAME
HOME CELL	BUSINESS CELL
BUSINESS FAX	EMAIL
EMAIL	BROKER CONTRACT NO. BROKER SUB-CONTRACT NO.
WEBSITE	BROKER CLIENT ID COMPANY CLIENT ID
PREFERRED LANGUAGE	GROUP NAME GROUP ID

3. POLICY PERIOD

EFFECTIVE DATE TIME A.M. P.M. EXPIRY DATE AT 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S ADDRESS SHOWN ABOVE.

4. APPLICANT DATA

APPLICANT 1 NAME	APPLICANT 2 NAME
OCCUPATION YEARS CONTINUOUSLY EMPLOYED	OCCUPATION YEARS CONTINUOUSLY EMPLOYED
DATE OF BIRTH <input type="text" value="YYYYMMDD"/>	DATE OF BIRTH <input type="text" value="YYYYMMDD"/>

5. LOSS HISTORY CLAIMS HISTORY REPORT DATE

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS? YES NO IF YES, COMPLETE THE TABLE BELOW.

DATE OF LOSS <small>YYYYMMDD</small>	LOC. NO.	CAUSE OF LOSS	STATUS	AMOUNT PAID	INSURANCE COMPANY	POLICY NUMBER
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			

DOES THE APPLICANT HAVE ANY KNOWLEDGE OR INFORMATION OF ANY FACT, CIRCUMSTANCE, OR SITUATION WHICH COULD REASONABLY GIVE RISE TO A CLAIM WHICH WOULD FALL WITHIN THE SCOPE OF THE PROPOSED INSURANCE? YES NO IF YES, PROVIDE DETAILS IN THE REMARKS SECTION.

6. POLICY HISTORY CONTINUOUSLY INSURED SINCE FIRST TIME INSURED, NO PRIOR HABITATIONAL INSURANCE

INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE DATE <small>YYYYMMDD</small>	END DATE <small>YYYYMMDD</small>	REASON FOR ENDING	IF TERMINATED BY INSURER, REASON

IN THE PAST FIVE YEARS, HAS ANY INSURANCE COMPANY DECLINED, CANCELLED, REFUSED, OR INDICATED AN INTENT NOT TO RENEW ANY HABITATIONAL INSURANCE POLICY? YES NO IF YES, PROVIDE DETAILS IN THE REMARKS SECTION.

7. CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY

LINE OF BUSINESS _____	POLICY NUMBER _____	LINE OF BUSINESS _____	POLICY NUMBER _____
LINE OF BUSINESS _____	POLICY NUMBER _____	LINE OF BUSINESS _____	POLICY NUMBER _____



HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. _____

PREMIUM TABLE _____

TOWN ID CODE _____

NO. OF ATTACHMENTS _____

8. RISK ADDRESS

SAME AS POSTAL ADDRESS

ADDRESS _____	CITY, PROV _____	POSTAL CODE _____
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9. RATING INFORMATION

YEAR BUILT _____	NO. OF STOREYS _____	NO. OF FAMILIES _____	NO. OF UNITS _____	TOTAL LIVING AREA (excluding basement) _____	<input type="radio"/> sq ft <input type="radio"/> m ²	ACCESS TYPE _____	SMOKERS? <input type="radio"/> YES <input type="radio"/> NO
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REPLACEMENT COST EVALUATOR PRODUCT _____	DATE EVALUATION COMPLETED _____	YYYYMMDD _____	DATE OF BIRTH OF ELDEST OCCUPANT _____	YYYYMMDD _____	RELATIONSHIP TO APPLICANT _____
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<p>OCCUPANCY TYPE _____</p> <p>STRUCTURE TYPE _____</p> <p>FOUNDATION TYPE _____</p> <p>FINISHED BASEMENT _____ %</p> <p>EXTERIOR WALL FRAMING TYPE _____</p> <p>EXTERIOR WALL FINISH TYPE _____</p> <p>INTERIOR WALL CONSTRUCTION TYPE _____ % _____ % _____ %</p> <p>INTERIOR WALL HEIGHT <input type="radio"/> ft _____ <input type="radio"/> ft _____ <input type="radio"/> ft _____ <input type="radio"/> m _____ <input type="radio"/> m _____ <input type="radio"/> m _____</p> <p>INTERIOR FLOOR FINISH TYPE _____ % _____ % _____ %</p> <p>CEILING CONSTRUCTION TYPE _____ % _____ % _____ %</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>UPGRADES</th> <th>FULL (YY)</th> <th>PARTIAL (YY)</th> </tr> <tr> <td>ROOF</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ELECTRICAL</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>HEATING</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>PLUMBING</td> <td>_____</td> <td>_____</td> </tr> </table> <p>ROOF COVERING TYPE _____</p> <p>ELECTRICAL WIRING TYPE _____</p> <p>ELECTRICAL PANEL TYPE _____</p> <p>SERVICE _____ A</p> <p>PRIMARY HEATING TYPE</p> <p>APPARATUS _____</p> <p>FUEL _____</p> <p>LOCATION _____</p> <p>PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO</p> <p>APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO</p>	UPGRADES	FULL (YY)	PARTIAL (YY)	ROOF	_____	_____	ELECTRICAL	_____	_____	HEATING	_____	_____	PLUMBING	_____	_____	<p>AUXILIARY HEATING TYPE</p> <p>APPARATUS _____</p> <p>FUEL _____</p> <p>LOCATION _____</p> <p>PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO</p> <p>APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO</p> <p>NO. OF FACE CORDS PER YEAR _____</p> <p><input type="checkbox"/> SOLID FUEL HEATING QUESTIONNAIRE ATTACHED</p> <p>RADIANT HEATING AREA _____ <input type="radio"/> sq ft <input type="radio"/> m²</p> <p>MAKE _____ YEAR _____</p> <p>OIL TANK YEAR _____ <input type="radio"/> INSIDE <input type="radio"/> IN GROUND <input type="radio"/> OUTSIDE <input type="radio"/> ABOVE GROUND</p> <p><input type="checkbox"/> FUEL OIL TANK QUESTIONNAIRE ATTACHED</p> <p>PLUMBING TYPE</p> <p>COPPER _____ % GALVANIZED _____ %</p> <p>ABS _____ % PVC _____ %</p> <p>PEX _____ % POLY-B _____ %</p> <p>LEAD _____ % _____ %</p> <p>WATER HEATER TYPE</p> <p>APPARATUS _____</p> <p>WATER HEATER YEAR _____</p> <p>FUEL _____</p> <p>PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO</p> <p>APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO</p> <p>PRIMARY WATER MITIGATION TYPE</p> <p>SUMP PUMP TYPE _____</p> <p>AUXILIARY POWER _____</p> <p>BACK UP VALVE _____</p> <p>AUXILIARY WATER MITIGATION TYPE</p> <p>SUMP PUMP TYPE _____</p> <p>AUXILIARY POWER _____</p> <p>BACK UP VALVE _____</p>	<p>MAIN WATER VALVE SHUT OFF TYPE _____</p> <p>NO. OF MAIN WATER VALVE SHUT OFF SENSORS _____</p> <p><input type="checkbox"/> SEWER BACKUP QUESTIONNAIRE ATTACHED</p> <p>FIRE PROTECTION</p> <p>DISTANCE TO HYDRANT _____</p> <p>HYDRANT TYPE _____</p> <p>DISTANCE TO RESPONDING FIRE HALL _____</p> <p>FIRE HALL NAME _____</p> <p>SECURITY SYSTEM</p> <p>FIRE _____</p> <p>BURGLARY _____</p> <p>SMOKE DETECTORS _____</p> <p>SMOKE DETECTOR TYPE _____</p> <p>NO. OF DETECTORS _____</p> <p>IF ANY OF THE ABOVE ARE MONITORED, MONITORED BY _____</p> <p><input type="checkbox"/> ALARM CERTIFICATE ATTACHED</p> <p>PREMISES ACCESS SECURITY TYPE _____</p> <p>HOME SPRINKLERED? <input type="radio"/> YES <input type="radio"/> NO</p> <p>BATHROOMS NO. OF FULL _____ NO. OF HALF _____</p> <p>KITCHENS NO. OF _____</p> <p>KITCHEN #1 QUALITY _____</p> <p>KITCHEN #2 QUALITY _____</p> <p>GARAGE/CARPORT NO. OF CARS _____</p> <p>GARAGE TYPE _____</p> <p>SWIMMING POOL YEAR _____</p> <p>POOL TYPE _____</p> <p>POOL FENCED? <input type="radio"/> YES <input type="radio"/> NO</p>
UPGRADES	FULL (YY)	PARTIAL (YY)															
ROOF	_____	_____															
ELECTRICAL	_____	_____															
HEATING	_____	_____															
PLUMBING	_____	_____															



HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. _____

DETACHED OUTBUILDINGS/STRUCTURES (Additional limits may be required on any heated outbuildings)

NO.	YEAR	STRUCTURE TYPE	EXTERIOR WALL FRAMING TYPE	HEATING APPARATUS TYPE	FUEL TYPE	TOTAL AREA	VALUE
1						<input type="radio"/> sq ft <input type="radio"/> m ²	
2						<input type="radio"/> sq ft <input type="radio"/> m ²	
3						<input type="radio"/> sq ft <input type="radio"/> m ²	

10. MORTGAGEE / LOSS PAYEE

1.	NAME _____	NATURE OF INTEREST _____
	ADDRESS _____	CITY, PROV/STATE _____ POSTAL/ZIP CODE _____
2.	NAME _____	NATURE OF INTEREST _____
	ADDRESS _____	CITY, PROV/STATE _____ POSTAL/ZIP CODE _____
3.	NAME _____	NATURE OF INTEREST _____
	ADDRESS _____	CITY, PROV/STATE _____ POSTAL/ZIP CODE _____

11. ATTACHMENTS

DESCRIPTION	DATE COMPLETED YYYYMMDD	DESCRIPTION	DATE COMPLETED YYYYMMDD

12. ADDRESS HISTORY

OCCUPANCY DATE FOR THIS LOCATION YYYYMMDD

IF OCCUPANCY IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESSES BELOW.

NO.	ADDRESS	CITY	PROV	POSTAL CODE	DATE MOVED IN YYYYMMDD	DATE MOVED OUT YYYYMMDD
1						
2						
3						

13. LIABILITY EXPOSURES

All YES answers may require liability extension coverage or remarks explaining coverage declined.

1. DO YOU OWN/RENT MORE THAN ONE LOCATION? <input type="radio"/> YES <input type="radio"/> NO	11. DO YOU OWN ANY WATERCRAFTS? <input type="radio"/> YES <input type="radio"/> NO
2. NUMBER OF WEEKS LOCATION RENTED TO OTHERS? _____	12. NUMBER OF FULL TIME RESIDENCE EMPLOYEES? _____
3. NUMBER OF ROOMS RENTED TO OTHERS? _____	13. IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE? <input type="radio"/> YES <input type="radio"/> NO
4. DAYCARE OPERATION - NUMBER OF CHILDREN _____	CO-OCCUPANT NAME _____
5. DO YOU OWN A TRAMPOLINE? <input type="radio"/> YES <input type="radio"/> NO	14. IS THERE ANY KIND OF BUSINESS OPERATION? <input type="radio"/> YES <input type="radio"/> NO
6. DO YOU HAVE A GARDEN TRACTOR? <input type="radio"/> YES <input type="radio"/> NO	IF YES, DESCRIBE BUSINESS _____
7. DO YOU HAVE A GOLF CART? <input type="radio"/> YES <input type="radio"/> NO	15. NUMBER OF DOGS IN THE HOUSEHOLD? _____
8. NUMBER OF SADDLE/DRAFT ANIMALS? _____	BREED(S) OF DOGS _____
9. DO YOU OWN ANY UNLICENSED RECREATIONAL VEHICLES? <input type="radio"/> YES <input type="radio"/> NO	16. TOTAL PROPERTY AREA (if greater than 1 acre) _____ <input type="radio"/> acres <input type="radio"/> hectares
10. RENEWABLE ENERGY INSTALLATION ON PREMISES? <input type="radio"/> YES <input type="radio"/> NO	17. OTHER EXPOSURES _____



HABITATIONAL INSURANCE APPLICATION

COVERAGES AND LIABILITY EXTENSIONS LOC. NO. _____

14. COVERAGES

COVERAGE FORM TYPE _____

RATING PLAN _____

COVERAGE DESCRIPTION	REQUESTED / DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					ESTIMATED PREMIUM
					1	2	3	4	5	
DWELLING BUILDING	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
DETACHED PRIVATE STRUCTURES	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
PERSONAL PROPERTY	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
ADDITIONAL LIVING EXPENSES	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
LEGAL LIABILITY	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
VOLUNTARY MEDICAL PAYMENTS	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
VOLUNTARY PROPERTY DAMAGE	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
SEWER BACKUP	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
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	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									

ESTIMATED PREMIUM FOR THIS SECTION _____

15. LIABILITY EXTENSIONS AND EXCLUSIONS

LIABILITY COVERAGE DESCRIPTION	REQUESTED / DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					ESTIMATED PREMIUM
					1	2	3	4	5	
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									

ESTIMATED PREMIUM FOR THIS SECTION _____

16. DISCOUNTS AND SURCHARGES

DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE	DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	

ESTIMATED PREMIUM FOR THIS SECTION _____

TOTAL ESTIMATED PREMIUM FOR THIS PAGE _____

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17. PREMIUM INFORMATION

TYPE OF PAYMENT PLAN	ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	ADDITIONAL CHARGES <input type="radio"/> \$ <input type="radio"/> %	TOTAL ESTIMATED COST
AMOUNT PAID WITH APPLICATION	AMOUNT STILL DUE	NO. OF REMAINING INSTALMENTS	AMOUNT OF EACH INSTALMENT	INSTALMENT DUE DATE

18. REMARKS

Lined area for entering remarks, containing approximately 25 horizontal lines.

19. FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

For all provinces and territories except Quebec: If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

For Quebec: I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

For all provinces and territories: Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

20. PERSONAL INFORMATION CONSENT

For all provinces and territories except Newfoundland and Labrador:

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purposes identified above. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing. By withdrawing or failing to provide my consent to the use of credit information, I understand that I may not benefit from the best rate available to me.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

If any other individuals wish to provide their consent with respect to the use of their credit information, they may provide their consent by also signing below.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

For Newfoundland and Labrador:

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information;

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purpose of determining eligibility and conditions for a premium payment plan. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais.

The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

APPLICANT'S SIGNATURE X	DATE	YYYYMMDD	APPLICANT'S SIGNATURE X	DATE	YYYYMMDD
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21. BROKER QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? YES NO SINCE WHAT DATE HAVE YOU KNOWN THIS APPLICANT? HAVE YOU BOUND THE RISK? YES NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? YES NO IF YES, PROVIDE DETAILS IN REMARKS

HAVE YOU SEEN THE PRIMARY LOCATION? YES NO IF YES, WHEN? YYYYMMDD CONDITION OF PROPERTY

BROKER'S NAME (Please print) BROKER'S SIGNATURE