

APPLICANT INFO

Quote Only Please Bind

Name of Insured: _____ DOB: _____

Mailing Address: _____ City: _____ Prov.: _____ PC: _____

Location of Risk: _____ City: _____ Prov.: _____ PC: _____

Owner Owned Property Rented Property Long Term Leased Property Mobile Home Park

Name of Park: _____ Occupation: _____

Mortgagees/Lien Holders (name & address in payment order): _____

DESCRIPTION OF PROPERTY

Model Year: _____ Trade Name: _____ Size: _____ Model: _____ Serial No.: _____

Occupancy: Primary Summer / Seasonal Is unit fully skirted? YES NO

Protection: Distance to Fire Hydrant: _____ Distance to Fire Hall: _____

Size of Lot: Less than 3 acres More than 3 acres Other: _____

Primary Heat Type: _____ (if oil, provide oil tank questionnaire) Auxiliary Heat: YES NO Type: _____

Wood Burning Device? YES NO (if yes, please attach wood heat questionnaire)

Updates: Hot Water Tank: _____ Roof: _____ Heating: _____ Plumbing: _____ Electric: _____

Electrical System: Less than 60 Amp 60 Amp 100 Amp Over 100 Amp Copper Aluminum Knob & Tube Mixed Unknown

Total Square Footage (incl. porches): _____

Monitored Alarm: Burglar Fire (provide copy of certificate)

COVERAGE & LIMITS

Policy Form: All Risk Named Perils Basis of Claim Payment: *Mobile Home*: ACV RC *Personal Property*: ACV RC

Standard Deductible: \$1,000 Optional Deductible: \$2,500 Glass: \$100

PART I - Principal Residence

A. Mobile Home \$ _____ B. Outbuildings \$ _____ C. Personal Property \$ _____ D. Additional Living Expense \$ _____

PART II - Comprehensive Personal Liability

E. Bodily Injury Property Damage \$ _____ F. Medical Payments \$2,500 G. Voluntary \$1,000

Optional Coverages required: _____

Earthquake: YES NO Sewer Backup: YES NO

Do you have any of the following liability exposures? Additional Residence / Seasonal / Summer Business on Premises

Swimming Pool&/or Hot Tub Outboard Motors-HP: _____ Incidental Office Use (attach questionnaire) Saddle or Draft Animals

Hobby farming (attach supplemental app) Incidental School / Daycare Tenants, Roomers, Boarders Golf Cart

Previous Insurer: _____ Expiry Date: _____ Policy #: _____ Years Continuously Insured: _____

Previous Losses / Claims (past 5 years): _____

Have you ever had insurance refused or cancelled? YES NO Reason: _____

First time home buyer? YES NO Any gaps in Insurance Coverage YES NO (attach gap in coverage declaration)

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Signature of Applicant: _____ Date: _____

Signature of Broker: _____ Date: _____ Broker Email: _____

Brokerage Firm: _____ AGT #: _____ Broker Phone #: _____ Broker Fax#: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizpersonal@premiergroup.ca ****

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