

Name of Applicant(s):

QUOTE PLEASE BIND

Requested Eff. Date:

Mailing Address:

Location Address:

Date(s) of Birth:

Occupation(s):

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

Heating:

Structure / Type:

Construction:

Furnace Central

Highrise

Fire Resistive

Oil Furnace (Requires Oil Questionnaire)

Townhouse

Concrete

Solid Fuel Heating (Requires Questionnaire)

Rowhouse

Masonry

Wood Furnace (Requires Questionnaire)

Triplex

Frame

Electric Baseboard

Duplex

Log

Other: _____

Other: _____

Other: _____

Year Built: _____

Occupancy: Primary Secondary Other (details required): _____

Dwelling Updates: List / date any upgrades or maintenance done:

Plumbing: _____ Heating: _____ Electrical: _____ Roof: _____

Personal Property Limit: \$ _____ (\$75,000 Max for Fire Resistive, \$50,000 Max for Other)

Reason standard market chose not to write/renew (required):

List all Claims and/or Losses in the past five years by applicant(s) or other household members (Date, Description, Paid Amount, Open/Closed?)

To Be Answered By All Applicants:

Have you had more than one fire loss in the last five years? YES NO

Have you had any losses caused by arson? YES NO

During the last 12 months, how long have you been continuously employed? _____ months

Do any business pursuits take place on the premises? YES NO

Is the unit attached to any commercial exposure? If yes, describe: YES NO

Have you ever had insurance cancelled mid-term? If yes, describe: YES NO

Has your insurance been cancelled due to non-payment on more than one occasion? YES NO

Are there more than two unrelated individuals living on the premises? If yes, describe: YES NO

Previous Insurer: _____ Policy Number: _____ Expiring Premium \$ _____

Is the client new to your office? YES NO

Has broker visited the property? YES NO

Would broker recommend the risk? YES NO

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(s): _____ Date: _____

Signature of Applicant(s): _____ Date: _____

Signature of Broker: _____ Date: _____

Broker Name & City: _____ Broker Email: _____

Broker Tel: _____ Return 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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