

**NAME OF APPLICANT(S):** \_\_\_\_\_

**QUOTE ONLY**  **PLEASE BIND**

Requested Eff. Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ P.C.: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ P.C.: \_\_\_\_\_

**Date(s) of Birth:** \_\_\_\_\_ **Occupation(s):** \_\_\_\_\_

**Loss Payable(s):** \_\_\_\_\_

**Fire Protection:** Distance to Fire Hydrant: \_\_\_\_\_ Distance to Fire Hall: \_\_\_\_\_

**Heating:**

- Furnace Central
- Oil Furnace *(requires questionnaire)*
- Solid Fuel Heating *(requires questionnaire)*
- Wood Furnace *(requires questionnaire)*
- Electric Baseboard
- Other: \_\_\_\_\_

**Structure / Type:**

- Detached
- Semi-Detached
- Townhouse or Rowhouse
- Mobile Home
- Duplex
- Other: \_\_\_\_\_

**Construction:**

- Frame
- Brick
- Masonry
- Log
- Other: \_\_\_\_\_

Year Built: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

Size of Lot:  Less than 3 acres  More than 3 acres Other: \_\_\_\_\_

**Dwelling Limit:** \$ \_\_\_\_\_

**Occupancy:**  Primary  Secondary  Other (details required): \_\_\_\_\_

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

Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Roofing: \_\_\_\_\_ Electrical: \_\_\_\_\_ Other: \_\_\_\_\_

**Check all that apply:**

Electrical:  60 Amp  100 Amp  200 Amp Wiring:  Aluminum Wiring  Knob & Tube Wiring  Circuit Breakers  Fuses

Plumbing:  Copper  Polybutylene  Kitec  Polyethylene (PEX)  Galvanized Iron  Other: \_\_\_\_\_

**Have you been Declined, Cancelled, Refused Renewal of insurance?**  Yes  No

If yes, reason: \_\_\_\_\_

**List all claims and/or losses in the past ten years by applicant(s) or other household members (Date, Description, Paid Amount, Open/Closed?):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any losses caused by arson?  Yes  No

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

Are any of your mortgages/liens/encumbrance payments in arrears?  Yes  No

Total amount of mortgages/liens/encumbrances: \$ \_\_\_\_\_

Do any business pursuits or farming take place on the premises?  Yes  No

*(if yes, describe):* \_\_\_\_\_

Are there any ex-farm buildings on the premises?  Yes  No

*(if yes, describe):* \_\_\_\_\_

Is there more than one family that lives in the home?  Yes  No

Is there a self-contained suite?  Yes  No

Do you have any roomers/boarders on premises?  Yes  No

*(if yes, how many):* \_\_\_\_\_

How long has applicant lived at this location? \_\_\_\_\_ Is the property for sale?  Yes  No

**STANDARD HOMEOWNERS APPLICATION**

Describe any other potential exposures/liability:

\_\_\_\_\_

\_\_\_\_\_

**Previous Insurer:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Is the client new to your office?  Yes  No      If no, how long have you known applicant? \_\_\_\_\_

Has broker visited the property  Yes  No

Would broker recommend this risk?  Yes  No

**Note: Current photos of the front & rear of the dwelling may be required prior to binding**

**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.**

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER CANADA HAS ISSUED A BINDER NUMBER.**

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Brokerage Name: \_\_\_\_\_ Broker AGT#: \_\_\_\_\_

Broker Email: \_\_\_\_\_ Broker Telephone: \_\_\_\_\_

*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](mailto:newbizpersonal@premiergroup.ca) \*\***

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