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COTTAGE INSURANCE APPLICATION

Application must be fully completed and accompanied by Rebuilding calculator and original photographs

PAC Direct Bill Agency Bill

Elite Broker Code _____

Applicant's Full Name (Last name, First name)					Broker Name				
Cottage Address					Broker Address (City)				
Tel: Home () ()			Work () ()		E-Mail				
Legal/Postal Address of Applicant					Name and Address of Mortgagee(s)				
Is cottage located on island? <input type="checkbox"/> Yes <input type="checkbox"/> No					RCT Valuation with Photo <input type="checkbox"/> Attached				
Policy Period	Day	Month	Year	To	Day	Month	Year	12 MONTH POLICY TERM ONLY 12:01 a.m. Standard Time at the Postal Address of the Applicant as stated herein.	
From									
Loss & Policy History State all losses or claims by the applicant or members of the applicant's household in the past 5 years									
Date of Loss	Cause				Amount Paid	Insurance Company			
Has any Insurer cancelled, declined or refused to renew or issue Habitational insurance to the applicant within the past 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Provide details below: Name of Prior Insurer _____ Expiry Date _____ Policy No. _____									
DESCRIPTION OF PROPERTY INSURED									
Year Built	Construction <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Post & Beam				# of Stys.	Sq. Footage	Gr. Floor Area		
Occupancy <input type="checkbox"/> Seasonal <input type="checkbox"/> Secondary	Auxillary Heat <input type="checkbox"/> Woodstove* <input type="checkbox"/> Fireplace	Electrical - # of Amps _____ *Woodstoves – must complete questionnaire			Primary Heating <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> *Oil <input type="checkbox"/> Baseboard <input type="checkbox"/> Furnace (Central)				
☛ If heating is OIL TANK , include <i>photo</i> and <i>oil tank questionnaire</i> Age _____ <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground									
Additional Exposure			Protection Grade		Renovated Updates		Full	Partial	Year
Is Location Rented to Others? <input type="checkbox"/> No <input type="checkbox"/> Yes # of Weeks _____			<input type="checkbox"/> Plan A (within 13km of firehall)		Electrical		<input type="checkbox"/>	<input type="checkbox"/>	_____
*Note: A surcharge may apply – please refer to underwriting if greater than 30 days per yr.			<input type="checkbox"/> Plan B (over 13km from firehall)		Heating		<input type="checkbox"/>	<input type="checkbox"/>	_____
					Plumbing		<input type="checkbox"/>	<input type="checkbox"/>	_____
					Roof		<input type="checkbox"/>	<input type="checkbox"/>	_____

Section I – Property Coverage – Single Limit				Section II – Liability Coverage									
A	Building Value Wet Boathouse	B	Detached Private Structure	C	Personal Property	D	Additional Living Expense	E	Personal Legal Liability	F	Voluntary Medical Payments	G	Voluntary Property Damage
\$		\$		\$		\$		\$		\$2,000		\$500	
\$													
Deductible _____ Discounts <input type="checkbox"/> Mature Discount Date of Birth _____ <input type="checkbox"/> Heat Sensor				Boat & Motor (if applicable) HP _____ Max Speed _____ Length _____ Value \$ _____				Total Premium \$ to Be Determined					
Consumer and previous Insurer reports containing personal, factual or investigative information about the applicant may be sought in connection with this application for insurance of a renewal, extension or variation thereof. The answers above are correct to the best of my knowledge.													
Signature of Insured(s)						Date		Signature of Broker					

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.