



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: triage@tottengroup.com

Website: www.tottengroup.com

HIGH VALUE HOMEOWNERS APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Name of Applicant _____ D.O.B. (mm/dd/yy) _____

Occupation/Employer _____ Years Continuously Employed _____

Mailing Address _____

Number of years at this location _____

Phone # _____ Business Phone # _____

Previous Address if changed in the last 3 years _____

Name of Spouse: _____ D.O.B. (mm/dd/yy) _____

Occupation/Employer _____ Years Continuously Employed _____

Current insurance company on risk _____

Is renewal being offered? Yes No

If no, explain _____

BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No Did you receive the order direct from the Applicant? Yes No

If no, how long have you known the applicant? _____ Do you recommend this applicant in every respect? Yes No

Do you handle other insurance for the Applicant? Yes No

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

PRINT ADDRESS OF BROKERAGE



PROPERTY INFORMATION

Risk Location (legal address)
(if different from previous page) _____

Loss Payable _____

Occupancy

- Single Family/Owner Occupied
- Condo Package
- Seasonal

Construction

of Stories _____ Year Built _____ Square Footage _____

Walls - Frame BV Brick/Stone Alum. Siding Modular Fire Resistive

Roof - Patent Metal Clad Other _____

Updates - Full Partial Year _____

Utilities - Heat

Primary - Furnace (Central) Electric Oil Space Heater Wood

Auxiliary - Electric Space Heater Wood

Updates - Full Partial Year _____

Wood Heat

Woodstove Wood Furnace Fireplace Insert Combination Wood Furnace

ULC Approved? Yes No Installed to Code? Yes No Combined with _____

Oil Heat

Inside Outside Above Ground In Ground

Age of Tank _____ Date of last inspection _____

Electrical

C/B Fuses _____ Amps

Updates - Full Partial Year _____

Plumbing

Copper Plastic Other _____

Updates - Full Partial Year _____

Sump Pump

Age _____

Protection

Fire - Hydrant within 300 metres Firehall within 8km Unprotected

Alarm - Yes No Fire Burglary Heat detectors Smoke alarms as required by law

Central Monitored Local ULC Approved Yes No

Housekeeping

Excellent Good Fair Poor

Physical Condition

Excellent Good Fair Poor

Outbuilding(s) - Please complete individual premises information sheet for any outbuildings not attached to the main building.

Claims – any/all claims within last 5 years (please use another sheet if you need more room) _____



EXECUTIVE HOMEOWNERS SUPPLEMENT

NOTE: If there is any additional underwriting information please complete a separate page.

Are there additional residences or properties for which insurance is not requested here? Yes No

If yes, please provide details _____

Saddle/Draft Animals Yes No If yes, number of each _____

Is a daycare operated? Yes No If yes, number of children _____

Is there any incidental office use? Yes No If yes, please describe _____

Swimming Pool? Yes No Above Ground In Ground Depth _____

of Acres _____

of Servants In _____ Out _____ Chauffeur _____ Occasional _____

Voluntary Compensation Required? Yes No

COVERAGES AND LIMITS

Executive Homeowners

Form, Basis of Loss Settlement and Deductible will be based on risk qualification and may differ from your request. Personal Articles and Fine Arts –appraisals are required on articles in excess of \$1,000. A Deductible will apply.

Form Comprehensive

Deductible \$2,500 Other _____

Limits Building #1 _____

Personal Property _____

Detached Private Structures _____

Additional Living Expenses _____

Personal Liability \$1,000,000 \$2,000,000 _____

Jewellery _____ (attach schedule)

Is Jewellery kept in a safe? Yes No If yes, what limit is in safe? _____

Fine Arts _____ (attach schedule)

Watercraft _____ (attach schedule)

Other - Describe _____ (attach schedule)

Add'l Cov Sewer Backup By-Laws Mass Evacuation

Lock Replacement Earthquake Coverage (Bldg)

APPLICANT'S SIGNATURE

PLEASE REVIEW CAREFULLY

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date

Signature of Applicant