



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

New Submissions: [trriage@tottengroup.com](mailto:trriage@tottengroup.com) Website: [www.tottengroup.com](http://www.tottengroup.com)

**SEASONAL/SECONDARY 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 \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

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



## PREMISES INFORMATION

### Occupancy

- Seasonal – Seasonal use only (not used year round) eg. Island cottage
- Secondary – Winterized, with foundation, occupied year round. Maximum period not occupied does not exceed 30 days.

Number of years owned? \_\_\_\_\_

Risk Location \_\_\_\_\_

Loss Payable \_\_\_\_\_

### Construction

# of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

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

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 \_\_\_\_\_ Is there knob and tube wiring?  Yes  No

### 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 for any outbuildings not attached to the main dwelling.**



Loss Experience (5 Years)     None or     As shown below

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**COVERAGES AND LIMITS**

Seasonal     Secondary

Form, Basis of Loss Settlement and Deductible will be based on risk qualification and may differ from your request.

Form     Broad Form     Named Perils

Deductible     \$5,000     Other \_\_\_\_\_

Limits    Building #1    \_\_\_\_\_

Personal Property    \_\_\_\_\_

Detached Private Structures    \_\_\_\_\_

Additional Living Expenses    \_\_\_\_\_

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

Watercraft    \_\_\_\_\_ Attach schedule

**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