



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205
New Submissions: triage@tottengroup.com Website: www.tottengroup.com

KENNEL OWNERS PAC 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.

Applicant Name \_\_\_\_\_

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

Legal Address [ ] Same as above or [ ] Other \_\_\_\_\_

Website Address \_\_\_\_\_

Current insurance company on risk \_\_\_\_\_

Is renewal being offered? [ ] Yes [X] No

If no, explain \_\_\_\_\_

Claims History \_\_\_\_\_

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

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 [X] 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

Telephone #

Fax #



### HOMEOWNERS INFORMATION

Location #1  S/F – owner occupied dwelling situated at same address as shown on page 1

Location #2  Seasonal dwelling - legal address as follows

Location #2 \_\_\_\_\_

#### Construction – Location 1

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

Walls - \_\_\_\_\_

Roof - \_\_\_\_\_

Roof Updates -  Full  Partial Year \_\_\_\_\_

#### Utilities

Heat  Gas F/A  Electric B.B.  Oil F/A  Other- \_\_\_\_\_

Woodstove  Wood Furnace  Fireplace Insert

If wood, confirm ULC Approved?  Yes  No Installed to Code?  Yes  No

Heating Updates-  Full  Partial Year \_\_\_\_\_

Electrical  C/B  Fuses \_\_\_\_\_ Amps

Electrical Updates-  Full  Partial Year \_\_\_\_\_

Plumbing  Copper  Plastic  Other \_\_\_\_\_

Plumbing Updates-  Full  Partial Year \_\_\_\_\_

#### Protection

Fire - Hydrant within \_\_\_\_\_  Feet  Metres

Fire hall  Fulltime \_\_\_\_\_ kms  Volunteer \_\_\_\_\_ kms

Alarm -  Yes  No  Central  Monitored  Local

Burglar Alarm -  Central  Monitored  Local Monitoring Company \_\_\_\_\_

Housekeeping  Excellent  Good  Fair  Poor

Physical Condition  Excellent  Good  Fair  Poor

Building Value \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Sewer / Septic -  Yes  No  \$5,000  \$10,000  \$15,000

#### Seasonal Residence – please complete additional homeowners information sheet

Personal Articles – Please attach list

Watercraft – Please attach list

Owned Dogs – Please attach list



**COMMERCIAL INFORMATION**

**Outbuilding #1** Occupancy \_\_\_\_\_

**Construction**  
 # of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_  
**Walls -**  HCB  Frame  Metal Clad  Other - \_\_\_\_\_  
**Roof -**  Steel Deck  Wood Joist

**Utilities**  
**Heat**  Gas F/A  Electric  Oil  Other- \_\_\_\_\_  
**Electrical**  C/B  Fuses \_\_\_\_\_ Amps  
**Plumbing**  Copper  Plastic  Other \_\_\_\_\_

**Protection**  
 % of Building Sprinklered \_\_\_\_\_  
**Alarm -**  Yes  No  Central  Monitored  Local  
**Fire Extinguishers - #** \_\_\_\_\_ **Type**  ABC  \_\_\_\_\_ **Size** \_\_\_\_\_ **lbs**  
**Burglar Alarm -**  Central  Monitored  Local **Monitoring Company** \_\_\_\_\_  
 Full Perimeter  Partial Perimeter  Shatter Proof Glass **Contacts**  All Windows  All Doors  
 Bars on all windows  Double entry system  All doors dead locked  
 Motion Detector  Heat Detector  Other \_\_\_\_\_

**Housekeeping**  Excellent  Good  Fair  Poor  
**Physical Condition**  Excellent  Good  Fair  Poor  
**Financial Position**  Excellent  Good  Fair  Poor  
**Neighbourhood**  Excellent  Good  Fair  Poor

**Building Value** \$ \_\_\_\_\_ **Deductible** \$ \_\_\_\_\_  
**Contents** \$ \_\_\_\_\_

**Outbuilding #2** Occupancy \_\_\_\_\_

**Construction**  
 # of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_  
**Walls -**  HCB  Frame  Metal Clad  Other - \_\_\_\_\_  
**Roof -**  Steel Deck  Wood Joist

**Utilities**  
**Heat**  Gas F/A  Electric  Oil  Other- \_\_\_\_\_  
**Electrical**  C/B  Fuses \_\_\_\_\_ Amps  
**Plumbing**  Copper  Plastic  Other \_\_\_\_\_

**Protection**  
 % of Building Sprinklered \_\_\_\_\_  
**Alarm -**  Yes  No  Central  Monitored  Local  
**Fire Extinguishers - #** \_\_\_\_\_ **Type**  ABC  \_\_\_\_\_ **Size** \_\_\_\_\_ **lbs**  
**Burglar Alarm -**  Central  Monitored  Local **Monitoring Company** \_\_\_\_\_  
 Full Perimeter  Partial Perimeter  Shatter Proof Glass **Contacts**  All Windows  All Doors  
 Bars on all windows  Double entry system  All doors dead locked  
 Motion Detector  Heat Detector  Other \_\_\_\_\_

**Housekeeping**  Excellent  Good  Fair  Poor  
**Physical Condition**  Excellent  Good  Fair  Poor  
**Financial Position**  Excellent  Good  Fair  Poor  
**Neighbourhood**  Excellent  Good  Fair  Poor

**Building Value** \$ \_\_\_\_\_ **Deductible** \$ \_\_\_\_\_  
**Contents** \$ \_\_\_\_\_

If more than 2 Outbuildings, please photocopy and complete



### LIABILITY INFORMATION

Section 1 Comprehensive Personal Liability

Section 2 General Liability

**Boarding Kennels** # of runs \_\_\_\_\_ Max # of dogs boarded \_\_\_\_\_

Average # of dogs boarded \_\_\_\_\_

**Breeding Operations** Annual Revenue \_\_\_\_\_ Name of Breed \_\_\_\_\_

# of dogs owned/leased for breeding purposes \_\_\_\_\_ # of litters per year \_\_\_\_\_

**Grooming Operations** Annual Revenue \_\_\_\_\_ # of animals groomed daily \_\_\_\_\_

**Training /Showing** Annual Revenue \_\_\_\_\_ Type of training \_\_\_\_\_

Describe any other Operations \_\_\_\_\_

**Limit Required**  \$1,000,000  \$2,000,000

### KOP EXTENSION PACKAGE

Accounts Receivable	\$10,000
Exhibitor Floater	\$10,000
Professional Fee	\$10,000
Outdoor Signs	\$10,000

Non-Owned Animal Coverage - \$2,000 max per animal - \$20,000 maximum aggr.

Business Interruption – Actual Loss Sustained – No Limit

**CRITICAL ILLNESS COVERAGE**  Yes  No

Limit Required:  \$5,000  \$7,500  \$10,000

### A. D. & D. COVERAGE

**# of Full Time Employees**

Clerical \_\_\_\_\_ Other \_\_\_\_\_

**Limit Required**  \$25,000  \$50,000  \$75,000  \$100,000



DIAGRAM: Indicate all structures (whether insured or not) - Show distance between all buildings - A separate diagram is required for each location

N

W

E

S

**IT IS HEREBY UNDERSTOOD THAT AN INSPECTION OF THE RISK MAY BE DONE AT ANY TIME**

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

I HAVE READ AND ANSWERED ALL THE QUESTIONS IN THIS APPLICATION PERTAINING TO PROPERTY AND LIABILITY COVERAGE AND FIND THEM TO BE CORRECT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



### FUEL OIL TANK QUESTIONNAIRE

1. Location of Tank  Inside Building  Outside Building  Underground
- Type of Tank  
 Steel  Steel with interior liner  Fiberglass  Other
- Construction Approval Label  
 CSA  ULC  WH  UL (to Canadian Standards)
- Spill Protection  
 Concrete Dam  Yes  No  
 Other Containment Devices  Yes  No
2. Tank Support (Base Construction)  
 Concrete  Wooden  Dirt  
 Is tank fastened with a bracket for stability?  Yes  No  
 If inside, is tank filled and vented outside?  Yes  No  
 Is vent stack located higher than fill pipe?  Yes  No
3. Age of oil tanks \_\_\_\_\_ years  
 (check tank for sticker or stamp with date)  
 Is there a sticker or stamp?  Yes  No
4. Any rust, dents or evidence of corrosion?  Yes  No
5. Signs of leaks or oil spills, current or past?  Yes  No  
 Specify (fill pipe, vent pipe, fuel line, drain)
6. Are fumes or odors evident?  Yes  No
7. Is tank inspected and serviced annually?  Yes  No
8. Is tank safe from vehicle impact?  Yes  No
9. Is there 61 cm/2 feet of clear airspace around the tank (helps provide condensation relief).  Yes  No
10. Has the tank been painted (for corrosion protection)?  Yes  No
11. Is the fuel supply line protected (from physical damage)?  Yes  No
12. Is tank filled regularly (keeping the tank filled helps prevent condensation (water) buildup inside the tank)?  Yes  No
13. Is the tank located at least 1.6 m/5 feet from any ignition source?  Yes  No
14. Is there a loop in the fuel line supply?  Yes  No
15. Where is the line filter located in relation to the building?  Inside  Outside
16. Is the fuel line protected where it passes through the foundation?  Yes  No
17. Where is the tank outlet located (supply line to furnace)?  Top  Side  Bottom
18. Distance from fuel tank to furnace \_\_\_\_\_ m \_\_\_\_\_ feet  No
19. Other Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# WOOD BURNING QUESTIONNAIRE

## Wood Burning Furnace or Stove

Type of Unit:

Stove                      Is unit airtight?     Yes    No

What is the clearance rating for:    Stove \_\_\_\_\_ Heat Shields \_\_\_\_\_ Stove Pipes \_\_\_\_\_

Fireplace Insert

Add on Furnace                       Hot Water                       Hot Air

Other (describe) \_\_\_\_\_

Make of Unit: \_\_\_\_\_ Was unit professionally installed?     Yes    No

Approval:

Is the Unit:     C.S.A. Labeled                       U.L.C. Labeled                       W.H. Labeled                       Not Labeled

Usage:

How many face cords of wood are used annually? \_\_\_\_\_

Seasoning:

How long is the wood seasoned before burning? \_\_\_\_\_

Chimney Details:

Brick (unlined)                       Brick (tile lined)                       Approved Metal (wood rated)

Other (describe) \_\_\_\_\_

List other units using this chimney: \_\_\_\_\_

What order (starting at the bottom) do all units enter the chimney? \_\_\_\_\_

How often is the chimney cleaned? \_\_\_\_\_

Furnaces:

Is the furnace equipped with automatic controls to bring on oil furnace when fire gets low?                       Yes    No

If hot air, what changes were made in the ductwork of the house when the unit was installed? \_\_\_\_\_

Additional remarks or information: \_\_\_\_\_

\_\_\_\_\_

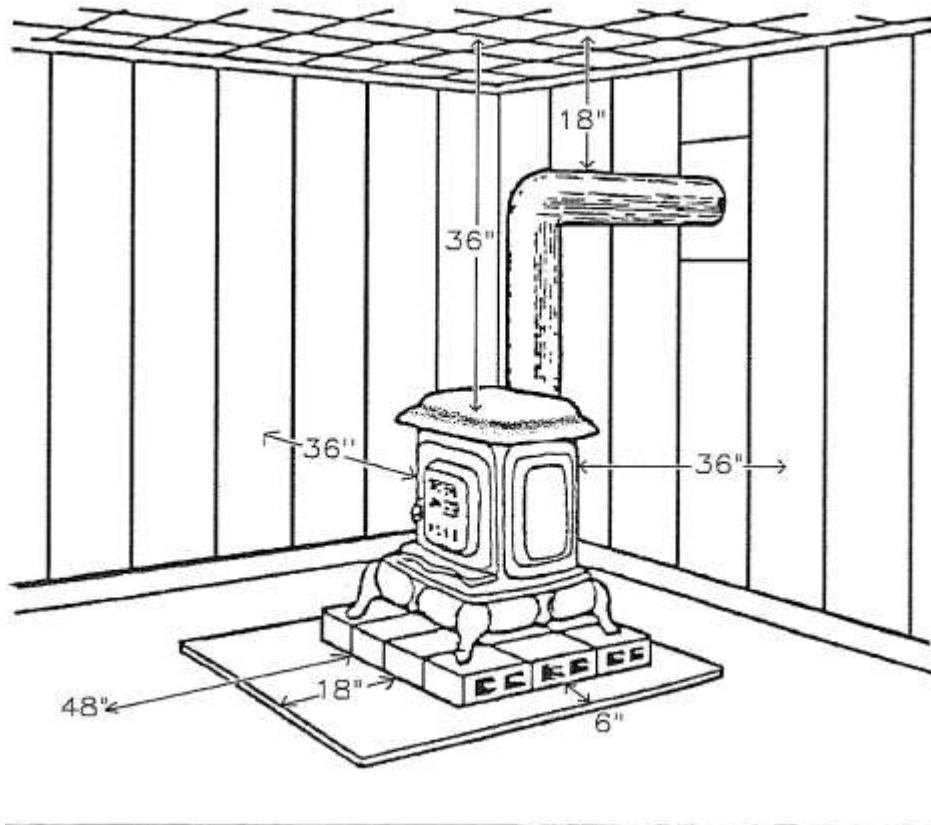
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Wood Burning Stoves

- 1. Is stove free of large cracks or broken parts?  Yes  No
- 2. Is stove located on non-combustible floor materials?  Yes  No
- 3. Does floor protection extend at least 6" from sides and back and 18" to the front?  Yes  No
- 4. Is the stove spaced at least 48" from any combustible materials?  Yes  No
- 5. Is there at least 18" between the top of the stove pipe & ceiling?  Yes  No
- 6. Does stove pipe fit snugly into thimble?  Yes  No
- 7. Is stove pipe routed so as not to pass through floors, closets, concealed spaces, or connected to chimney in attic?  Yes  No
- 8. Does stove have an automatic draft regulator or built in damper?  Yes  No
- 9. Does stove pipe enter fireplace chimney?  
If so, does it enter horizontally at a point higher than outlet or stove fire box?  Yes  No
- 10. Where is the stove located in the building?  Yes  No
- 11. Is there any ductwork over the stove to allow heat to be dispensed to other parts of the house?  Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_



### Sewer Back-Up Questionnaire

Please provide the following information:

1. Age of building: \_\_\_\_\_
2. How long has the Insured occupied this building? \_\_\_\_\_
3. Is "Stock" or "Equipment" stored in basement?  Yes  No      If "yes" provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. a) Is there any previous "history" of sewer back-up or water influx, escape or flood?  Yes  No  
b) If yes, please provide details including what corrective measures have been taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c) Was this damage insured?  Yes  No
- d) If "yes": policy # \_\_\_\_\_ Name of Insurer: \_\_\_\_\_
5. Is the building located in an area prone to flooding?  Yes  No
6. Distance to nearest body of water (i.e. river, creek, etc.) \_\_\_\_\_
7. a) Is there an automatic sump pump?  Yes  No  
b) Is there a battery back up device for the sump pump?  Yes  No
8. Is the building on a septic system or sewer system? \_\_\_\_\_
9. Are the "Septic and Storm Sewer Systems" separate from one another or is it one system? \_\_\_\_\_  
\_\_\_\_\_
10. When was the septic or sewer system last updated? \_\_\_\_\_
11. Municipal or private system? \_\_\_\_\_
12. Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questionnaire completed by: \_\_\_\_\_ Dated: \_\_\_\_\_