



# HABITATIONAL INSURANCE APPLICATION

BILLING METHOD

INSURANCE COMPANY  QUOTE  NEW  RENEWAL BINDER NUMBER POLICY NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS		2. BROKER'S NAME AND POSTAL ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, PROV	POSTAL CODE	CITY, PROV	POSTAL CODE
CONTACT NAME		CONTACT NAME	
HOME	CELL	BUSINESS	CELL
BUSINESS	FAX	EMAIL	
EMAIL		BROKER CONTRACT NO.	BROKER SUB-CONTRACT NO.
WEBSITE		BROKER CLIENT ID	COMPANY CLIENT ID
PREFERRED LANGUAGE		GROUP NAME	GROUP ID

**3. POLICY PERIOD**

EFFECTIVE DATE YYYYMMDD TIME  A.M.  P.M. EXPIRY DATE YYYYMMDD AT 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S ADDRESS SHOWN ABOVE.

**4. APPLICANT DATA**

APPLICANT 1 NAME	APPLICANT 2 NAME
OCCUPATION YEARS CONTINUOUSLY EMPLOYED	OCCUPATION YEARS CONTINUOUSLY EMPLOYED
DATE OF BIRTH YYYYMMDD	DATE OF BIRTH YYYYMMDD

**5. LOSS HISTORY** CLAIMS HISTORY REPORT DATE YYYYMMDD

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS?  YES  NO IF YES, COMPLETE THE TABLE BELOW.

DATE OF LOSS YYYYMMDD	LOC. NO.	CAUSE OF LOSS	STATUS	AMOUNT PAID	INSURANCE COMPANY	POLICY NUMBER
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			

DOES THE APPLICANT HAVE ANY KNOWLEDGE OR INFORMATION OF ANY FACT, CIRCUMSTANCE, OR SITUATION WHICH COULD REASONABLY GIVE RISE TO A CLAIM WHICH WOULD FALL WITHIN THE SCOPE OF THE PROPOSED INSURANCE?  YES  NO IF YES, PROVIDE DETAILS IN THE REMARKS SECTION.

**6. POLICY HISTORY** CONTINUOUSLY INSURED SINCE YYYYMMDD  FIRST TIME INSURED, NO PRIOR HABITATIONAL INSURANCE

INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE DATE YYYYMMDD	END DATE YYYYMMDD	REASON FOR ENDING	IF TERMINATED BY INSURER, REASON

IN THE PAST FIVE YEARS, HAS ANY INSURANCE COMPANY DECLINED, CANCELLED, REFUSED, OR INDICATED AN INTENT NOT TO RENEW ANY HABITATIONAL INSURANCE POLICY?  YES  NO IF YES, PROVIDE DETAILS IN THE REMARKS SECTION.

**7. CROSS REFERENCE INFORMATION**

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER



# HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. \_\_\_\_\_

PREMIUM TABLE \_\_\_\_\_

TOWN ID CODE \_\_\_\_\_

NO. OF ATTACHMENTS \_\_\_\_\_

## 8. RISK ADDRESS

SAME AS POSTAL ADDRESS

ADDRESS \_\_\_\_\_ CITY, PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

## 9. RATING INFORMATION

YEAR BUILT \_\_\_\_\_ NO. OF STOREYS \_\_\_\_\_ NO. OF FAMILIES \_\_\_\_\_ NO. OF UNITS \_\_\_\_\_ TOTAL LIVING AREA (excluding basement)  sq ft  m<sup>2</sup> ACCESS TYPE \_\_\_\_\_ SMOKERS?  YES  NO

REPLACEMENT COST EVALUATOR PRODUCT \_\_\_\_\_ DATE EVALUATION COMPLETED \_\_\_\_\_ YYYMMDD DATE OF BIRTH OF ELDEST OCCUPANT \_\_\_\_\_ YYYMMDD RELATIONSHIP TO APPLICANT \_\_\_\_\_

<p><b>OCCUPANCY TYPE</b> _____</p> <p><b>STRUCTURE TYPE</b> _____</p> <p><b>FOUNDATION TYPE</b> _____</p> <p><b>FINISHED BASEMENT</b> _____ %</p> <p><b>EXTERIOR WALL FRAMING TYPE</b> _____</p> <p><b>EXTERIOR WALL FINISH TYPE</b> _____</p> <p><b>INTERIOR WALL CONSTRUCTION TYPE</b>          _____ % _____ %          _____ %</p> <p><b>INTERIOR WALL HEIGHT</b>  <input type="radio"/> ft <input type="radio"/> m _____ % <input type="radio"/> ft <input type="radio"/> m _____ % <input type="radio"/> ft <input type="radio"/> m _____ %</p> <p><b>INTERIOR FLOOR FINISH TYPE</b>          _____ % _____ %</p> <p><b>CEILING CONSTRUCTION TYPE</b>          _____ % _____ %</p> <p><b>UPGRADES</b> FULL (YY) PARTIAL (YY)          ROOF _____          ELECTRICAL _____          HEATING _____          PLUMBING _____</p> <p><b>ROOF COVERING TYPE</b> _____</p> <p><b>ELECTRICAL WIRING TYPE</b> _____</p> <p><b>ELECTRICAL PANEL TYPE</b> _____          SERVICE _____ A</p> <p><b>PRIMARY HEATING TYPE</b>          APPARATUS _____          FUEL _____          LOCATION _____          PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO          APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO</p>	<p><b>AUXILIARY HEATING TYPE</b>          APPARATUS _____          FUEL _____          LOCATION _____          PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO          APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO          NO. OF FACE CORDS PER YEAR _____  <input type="checkbox"/> SOLID FUEL HEATING QUESTIONNAIRE ATTACHED          RADIANT HEATING AREA _____ <input type="radio"/> sq ft <input type="radio"/> m<sup>2</sup>          MAKE _____ YEAR _____          OIL TANK YEAR _____ <input type="radio"/> INSIDE <input type="radio"/> OUTSIDE <input type="radio"/> IN GROUND <input type="radio"/> ABOVE GROUND  <input type="checkbox"/> FUEL OIL TANK QUESTIONNAIRE ATTACHED</p> <p><b>PLUMBING TYPE</b>          COPPER _____ % GALVANIZED _____ %          ABS _____ % PVC _____ %          PEX _____ % POLY-B _____ %          LEAD _____ %</p> <p><b>WATER HEATER TYPE</b>          APPARATUS _____          WATER HEATER YEAR _____          FUEL _____          PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO          APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO</p> <p><b>PRIMARY WATER MITIGATION TYPE</b>          SUMP PUMP TYPE _____          AUXILIARY POWER _____          BACK UP VALVE _____</p> <p><b>AUXILIARY WATER MITIGATION TYPE</b>          SUMP PUMP TYPE _____          AUXILIARY POWER _____          BACK UP VALVE _____</p>	<p><b>MAIN WATER VALVE SHUT OFF TYPE</b> _____          NO. OF MAIN WATER VALVE SHUT OFF SENSORS _____  <input type="checkbox"/> SEWER BACKUP QUESTIONNAIRE ATTACHED</p> <p><b>FIRE PROTECTION</b>          DISTANCE TO HYDRANT _____          HYDRANT TYPE _____          DISTANCE TO RESPONDING FIRE HALL _____          FIRE HALL NAME _____</p> <p><b>SECURITY SYSTEM</b>          FIRE _____          BURGLARY _____          SMOKE DETECTORS _____          SMOKE DETECTOR TYPE _____          NO. OF DETECTORS _____          IF ANY OF THE ABOVE ARE MONITORED, MONITORED BY _____  <input type="checkbox"/> ALARM CERTIFICATE ATTACHED</p> <p><b>PREMISES ACCESS SECURITY TYPE</b> _____          HOME SPRINKLERED? <input type="radio"/> YES <input type="radio"/> NO</p> <p><b>BATHROOMS</b> NO. OF FULL _____ NO. OF HALF _____</p> <p><b>KITCHENS</b> NO. OF _____          KITCHEN #1 QUALITY _____          KITCHEN #2 QUALITY _____</p> <p><b>GARAGE/CARPORT</b> NO. OF CARS _____          GARAGE TYPE _____</p> <p><b>SWIMMING POOL</b> YEAR _____          POOL TYPE _____          POOL FENCED? <input type="radio"/> YES <input type="radio"/> NO</p>
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# HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. \_\_\_\_\_

## DETACHED OUTBUILDINGS/STRUCTURES (Additional limits may be required on any heated outbuildings)

NO.	YEAR	STRUCTURE TYPE	EXTERIOR WALL FRAMING TYPE	HEATING APPARATUS TYPE	FUEL TYPE	TOTAL AREA	VALUE
1						<input type="radio"/> sq ft <input type="radio"/> m <sup>2</sup>	
2						<input type="radio"/> sq ft <input type="radio"/> m <sup>2</sup>	
3						<input type="radio"/> sq ft <input type="radio"/> m <sup>2</sup>	

## 10. MORTGAGEE / LOSS PAYEE

1.	NAME _____ ADDRESS _____	NATURE OF INTEREST _____ CITY, PROV/STATE _____ POSTAL/ZIP CODE _____
2.	NAME _____ ADDRESS _____	NATURE OF INTEREST _____ CITY, PROV/STATE _____ POSTAL/ZIP CODE _____
3.	NAME _____ ADDRESS _____	NATURE OF INTEREST _____ CITY, PROV/STATE _____ POSTAL/ZIP CODE _____

## 11. ATTACHMENTS

DESCRIPTION	DATE COMPLETED YYYYMMDD	DESCRIPTION	DATE COMPLETED YYYYMMDD

## 12. ADDRESS HISTORY

OCCUPANCY DATE FOR THIS LOCATION

YYYYMMDD \_\_\_\_\_

IF OCCUPANCY IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESSES BELOW.

NO.	ADDRESS	CITY	PROV	POSTAL CODE	DATE MOVED IN YYYYMMDD	DATE MOVED OUT YYYYMMDD
1						
2						
3						

## 13. LIABILITY EXPOSURES

All YES answers may require liability extension coverage or remarks explaining coverage declined.

1. DO YOU OWN/RENT MORE THAN ONE LOCATION? <input type="radio"/> YES <input type="radio"/> NO	12. NUMBER OF FULL TIME RESIDENCE EMPLOYEES? _____
2. NUMBER OF WEEKS LOCATION RENTED TO OTHERS? _____	13. IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE? <input type="radio"/> YES <input type="radio"/> NO
3. NUMBER OF ROOMS RENTED TO OTHERS? _____	CO-OCCUPANT NAME _____
4. DAYCARE OPERATION - NUMBER OF CHILDREN _____	14. IS THERE ANY KIND OF BUSINESS OPERATION? <input type="radio"/> YES <input type="radio"/> NO
5. DO YOU OWN A TRAMPOLINE? <input type="radio"/> YES <input type="radio"/> NO	IF YES, DESCRIBE BUSINESS _____
6. DO YOU HAVE A GARDEN TRACTOR? <input type="radio"/> YES <input type="radio"/> NO	15. NUMBER OF DOGS IN THE HOUSEHOLD? _____
7. DO YOU HAVE A GOLF CART? <input type="radio"/> YES <input type="radio"/> NO	BREED(S) OF DOGS _____
8. NUMBER OF SADDLE/DRAFT ANIMALS? _____	16. TOTAL PROPERTY AREA (if greater than 1 acre) _____ <input type="radio"/> acres <input type="radio"/> hectares
9. DO YOU OWN ANY UNLICENSED RECREATIONAL VEHICLES? <input type="radio"/> YES <input type="radio"/> NO	17. NUMBER OF CANNABIS PLANTS GROWN ON PREMISES? _____
10. RENEWABLE ENERGY INSTALLATION ON PREMISES? <input type="radio"/> YES <input type="radio"/> NO	18. OTHER EXPOSURES _____
11. DO YOU OWN ANY WATERCRAFTS? <input type="radio"/> YES <input type="radio"/> NO	



# HABITATIONAL INSURANCE APPLICATION

COVERAGES AND LIABILITY EXTENSIONS LOC. NO. \_\_\_\_\_

## 14. COVERAGES

COVERAGE FORM TYPE \_\_\_\_\_

RATING PLAN \_\_\_\_\_

COVERAGE DESCRIPTION	REQUESTED / DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					ESTIMATED PREMIUM
					1	2	3	4	5	
DWELLING BUILDING	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
DETACHED PRIVATE STRUCTURES	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
PERSONAL PROPERTY	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
ADDITIONAL LIVING EXPENSES	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
LEGAL LIABILITY	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
VOLUNTARY MEDICAL PAYMENTS	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
VOLUNTARY PROPERTY DAMAGE	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
SEWER BACKUP	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
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	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									

ESTIMATED PREMIUM FOR THIS SECTION \_\_\_\_\_

## 15. LIABILITY EXTENSIONS AND EXCLUSIONS

LIABILITY COVERAGE DESCRIPTION	REQUESTED / DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					ESTIMATED PREMIUM
					1	2	3	4	5	
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									

ESTIMATED PREMIUM FOR THIS SECTION \_\_\_\_\_

## 16. DISCOUNTS AND SURCHARGES

DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE	DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	

ESTIMATED PREMIUM FOR THIS SECTION \_\_\_\_\_

TOTAL ESTIMATED PREMIUM FOR THIS PAGE \_\_\_\_\_



## 19. FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

**For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

**For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

**For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

## 20. PERSONAL INFORMATION CONSENT

### For all provinces and territories except Newfoundland and Labrador:

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

**iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purposes identified above. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing. By withdrawing or failing to provide my consent to the use of credit information, I understand that I may not benefit from the best rate available to me.**

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

If any other individuals wish to provide their consent with respect to the use of their credit information, they may provide their consent by also signing below.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

### For Newfoundland and Labrador:

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information;

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

**iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purpose of determining eligibility and conditions for a premium payment plan. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing.**

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

**Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais.**

**The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.**

APPLICANT'S SIGNATURE <b>X</b>	DATE	YYYYMMDD	APPLICANT'S SIGNATURE <b>X</b>	DATE	YYYYMMDD
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## 21. BROKER QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE?  YES  NO      SINCE WHAT DATE HAVE YOU KNOWN THIS APPLICANT?      HAVE YOU BOUND THE RISK?  YES  NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW?  YES  NO      IF YES, PROVIDE DETAILS IN REMARKS

HAVE YOU SEEN THE PRIMARY LOCATION?  YES  NO      IF YES, WHEN?      YYYYMMDD      CONDITION OF PROPERTY

BROKER'S NAME (Please print)      BROKER'S SIGNATURE