

Personal Lines Quick Application Form

Name of Applicant: _____

Mailing Address: _____

Risk Location Address: _____

Number of Acres: _____

Mortgages: Yes No Number of Mortgages: _____ Number of Private Mortgages: _____

Total amount of Mortgage(s) (If more than 1 or with a Private Mortgage): _____

Is applicant an Absentee Landlord or lives more than 250 km from Location: Yes No

If yes, please provide details of who is responsible for the maintenance and inspection of the property (name and address):

Name: _____

Address: _____

Is there a contract in place between the insured and the individual or company looking after the location: Yes No

Occupancy of Location

Owner Occupied Date of Birth: _____ Occupation: _____

Seasonal

Air BnB/Short Term Rental (Include Minimum night stay): _____

Vacant Date first Vacant: _____ Reason for Vacancy: _____ Future Plans for Property: _____

Rented Number of Self Contained Units: _____ Number of Kitchens (Fridge & Stove): _____

Number of Roomer/Boarders: _____ Number of Students: _____

Any Farming operations on the property? Yes No If yes, by the insured or other?: _____

Swimming Pool: Yes No

Year Built: _____ Number of Stories: _____ Square Footage: _____

Distance to Fire Hydrant: _____ Distance to Fire hall: _____

Construction details and if over 20 years old year provide updates

Roof Type: _____ Year Updated: _____ Full Partial

Heating Type : _____ Year Updated: _____ Full Partial

Auxiliary Heat (eg - Wood Stove): Yes No Fuel Type: _____

Plumbing Type: _____ Year Updated: _____ Full Partial

Electrical: Knob & Tube Fuses Breakers Number of Amps: _____

Year Updated: _____ Full Partial

Electrical Wiring: Copper Aluminum Mixed

History

Any losses or claims in the last 5 years? Yes No

If yes provide Full Details (Including Date of Loss / Has claim been Closed / Total amount paid / Have all repairs been completed / What has applicant done to mitigate any future losses): _____

Has the applicant been cancelled, declined or refused Renewal by another insurer in the past 5 Years?

Reason: _____

Coverages / Amount of Insurance:

Coverages:	Amount of Insurance:
Building:	\$ _____
Outbuilding:	\$ _____
Contents:	\$ _____
Rental Income:	\$ _____
Sewer Back Up:	Yes No
Equipment Breakdown:	Yes No
Earthquake:	Yes No
Premises Liability:	\$ _____

Broker: _____

Broker Firm: _____

Broker Email: _____ Broker Phone: _____