



7100 Woodbine Avenue, Suite 320
 Markham, Ontario, L3R 5J2, Canada
 Tel: 905-479-8787 - Fax: 905-479-1661
 quote@excessunderwriting.ca
 www.excessunderwriting.ca

HABITATIONAL INSURANCE APPLICATION

APPLICANT'S INFORMATION

Name of Applicant (Please bold last name) :			Broker :
Joint Applicants (where applicable) :			
Mailing Address :			
Period of Insurance : From:		To:	at 12.01 a.m. Standard Time
Risk Location (if different from address above) :			
Additional Risk Location :			
Mortgagee :			
DOB :	Marital Status :	Occupation :	Contact No :
Name of Employer :			Year Employed :
Previous Losses (5 Years) : Yes <input type="checkbox"/> No <input type="checkbox"/>		Claim Free Period (Years) :	
If yes, please describe :			
Previous Insurer :		Policy No :	Expiry Date :
Has any Insurer cancelled, declined or refused to renew insurance during the past 5 years :			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe :			
Risk Location is for : Owner/Self-occupied : <input type="checkbox"/>		Occupied as Tenant : <input type="checkbox"/>	Tenant Occupied : <input type="checkbox"/>
If tenancy, kindly state landlord's name :			
Other Information :			

HOME EVALUATION

Burglary Alarm : Local: Partial <input type="checkbox"/> Complete <input type="checkbox"/>		Monitored : Partial <input type="checkbox"/> Complete <input type="checkbox"/>		None : <input type="checkbox"/>
Area of Protection: Partial <input type="checkbox"/> Complete <input type="checkbox"/>		All Openings : <input type="checkbox"/>	Extinguisher : <input type="checkbox"/>	Others :
Fire Alarm : Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Working Smoking Detectors :		Sprinklered : Yes <input type="checkbox"/> No <input type="checkbox"/>
Bathroom : Full :		Half :	Basement : Finished (Sq Ft) :	Unfinished (Sq Ft) :
Fireplace type and Number :		Chimney : Yes <input type="checkbox"/> No <input type="checkbox"/>		Interior : <input type="checkbox"/> Exterior : <input type="checkbox"/>
Fire Protection : Within 300 M of Hydrants : <input type="checkbox"/>		Within 8Km of Fire Hall : <input type="checkbox"/>		Unprotected : <input type="checkbox"/>
Number of Garage :		Built-in :	Attached :	Detached :
Swimming Pool : Concrete :		Fiberglass :	Surface Area (Sq Ft) :	
Additional Built-ins :				
Are there any animals that will reside on the property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify :				

BUILDING INFORMATION

Storey :		Area : Sq. Ft			Age/Year Built :	
Structure : Town-House : <input type="checkbox"/>		Semi-Detached : <input type="checkbox"/>	Detached : <input type="checkbox"/>	Apartment: <input type="checkbox"/>	Others :	
Occupancy : Primary : <input type="checkbox"/>		Secondary : <input type="checkbox"/>	Seasonal : <input type="checkbox"/>	Rental : <input type="checkbox"/>	Others :	
Construction : Frame : <input type="checkbox"/>		Fire Resistive : <input type="checkbox"/>	Brick Veneer <input type="checkbox"/>	Masonry : <input type="checkbox"/>	Others :	
Roof Surface : Wood : <input type="checkbox"/>		Asphalt Shingles : <input type="checkbox"/>	Concrete : <input type="checkbox"/>	Metal: <input type="checkbox"/>	Others :	
Heating : Furnace : <input type="checkbox"/>		Central : <input type="checkbox"/>	Natural Gas : <input type="checkbox"/>	Electric : <input type="checkbox"/>	Others :	
Electrical Panel : Fuse : <input type="checkbox"/>		Circuit Breaker : <input type="checkbox"/>	Amp :	Type of Wiring :		
Plumbing : Copper : %		Plastic : %			Others :	
Renovation Upgrade : Electrical		Year completed			Full <input type="checkbox"/>	Partial <input type="checkbox"/>
Plumbing		Year completed			Full <input type="checkbox"/>	Partial <input type="checkbox"/>
Heating		Year completed			Full <input type="checkbox"/>	Partial <input type="checkbox"/>
Roof		Year completed			Full <input type="checkbox"/>	Partial <input type="checkbox"/>
Of Family :	Day Care : <input type="checkbox"/>	Saddle/Draft Animal : <input type="checkbox"/>	Rms Rented: <input type="checkbox"/>	Apt Units : <input type="checkbox"/>	Business Op : <input type="checkbox"/>	
Additional Information :						
Kindly attached pages when necessary.						

COVERAGES, FORMS AND LIMITS

Premises : Primary : <input type="checkbox"/>		Secondary : <input type="checkbox"/>	Seasonal : <input type="checkbox"/>	Tenants : <input type="checkbox"/>	Others :	
Policy Form : Broad : <input type="checkbox"/>		Named Perils : <input type="checkbox"/>	Standard : <input type="checkbox"/>	Prestige : <input type="checkbox"/>	Comprehensive : <input type="checkbox"/>	
Dwelling Building : \$		Personal Property : \$		Deductible : \$		
Detached Structure : \$		Personal Liability : \$		Deductible : \$		
Voluntary Medical Payment : \$		Voluntary Property Damage : \$		Additional Living Expenses : \$		
Rental Income : \$		Deductible : \$	Sewer Backup : \$		Deductible : \$	
Additional Coverage :			Deductible : \$			
Broker Questionnaire: Is this Business new to your office? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If no, how long have you known the applicant?						
Have you seen this property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? Condition?						

DISCLOSURE

The Applicant authorizes the Underwriters and their mandataries to obtain from and exchange with the following persons and organizations any personal information relevant to the making, performance and follow-up of the present contracts : other insurers, financial institutions, personal information agents, agencies, which collect data on risks and losses, organizations whose functions are the prevention, detection or repression of crimes and offences, market intermediaries as well as any other person, public or private organizations or businesses, likely to provide to the Underwriters information permitting determination of the premium, assessment of the risks and analysis of claims. This consent will be valid with respect to any extension or renewal of the present contract, as well as to any other property and casualty insurance contract, requested by the Applicant from the Underwriters or offered by the Insurer. A copy of this present authorization is as valid as the original.

Date :	Signature of Broker :	Signature of Applicant : (for Disclosure & Application Form)
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