

Personal Lines Application Form

Name of Applicant (s): _____

Date of Birth: _____ Occupation: _____

Mailing Address: _____

Risk Location Address: _____

Effective Date: _____

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

Name and Address of Mortgage(s): _____

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 & Contact Info (Phone Number & Email): _____

Address: _____

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

Occupancy of Location

Primary

Secondary

Seasonal

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

Single Family per unit/suite: _____ Number of Roomers/Boarders: _____

Number of students: _____

Occupied as Tenant

AirBnB/Short - Term Rental Minimum night stay: _____

Vacant Date first Vacant: _____ Reason for Vacancy: _____

Future Plans for Property: _____

Will there be any renovations? Yes No

If Yes, selected above, describe renovation details: _____

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

Swimming Pool: Yes No Trampoline: Yes No

Dwelling Details

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

Construction: Solid Brick Brick Veneer Frame Fire Resistive Other (describe) _____

Detached Semi-Detached Condo Townhouse Freehold Townhouse Row House

Low/High Rise Building Apartment

Condo- Interim Closing Occupancy: Yes No

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 (e.g. - Wood Stove): Yes No Type: _____
- Plumbing Type: _____ Year Updated: _____ Full Partial
- Electrical: Knob & Tube Fuses Circuit Breakers Number of Amps: _____
 Year Updated: _____ Full Partial
- Electrical Wiring: Copper Aluminum Mixed

History

Previous Insurer: _____ Policy No: _____ Expiry Date: _____ Expiring Premium: _____

Has any Insurer cancelled, declined, or refused to renew insurance during the past 5 years: _____

If yes, provide reason: _____

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):

Coverages / Limit of Insurance:

<u>Coverages</u>	<u>Limit of Insurance</u>		
Building:	\$ _____		
Outbuilding:	\$ _____		
Contents:	\$ _____		
Rental Income:	12 Months	18 Months	24 Months \$ _____ Months
Sewer Backup:	\$ _____		
Equipment Breakdown:	Yes	No	
Flood:	Yes	No	
Earthquake:	Yes	No	
Premises/Personal Liability:	\$ _____		
Other:	_____		
Additional Remarks/Comments: _____			

NOTE: POLICIES CANNOT BE BOUND OR ALTERED VIA EMAIL WIHTOUT THE EXPLICIT WRITTEN CONFIRMATION FROM THE UNDERWRITER.

Signature of Applicant (s): _____ Date: _____

_____ Date: _____

Signature of Broker: _____ Date: _____

Broker Firm: _____

Broker Email: _____ Tel: _____