

## Guardian Risk Managers: Tiny Home Application

Quote # or Policy # \_\_\_\_\_

| Broker Information   |  |           |                |              |
|--|--|-----------|----------------|--------------|
| Contact Name:  |  |           |                |              |
| Brokerage Name:  |  |           |                |              |
| Address:   |  |           |                |              |
| City:  |  |           |                |              |
| Province:  |  |           |                |              |
| Postal Code:   |  |           |                |              |
| Phone:   |  |           |                |              |
| Email:   |  |           |                |              |
|  |  |           |                |              |
| Insured Information  |  |           |                |              |
| Last Name(s):  |  |           |                |              |
| First Name(s):   |  |           |                |              |
| Location Address:  |  |           |                |              |
| City:  |  |           |                |              |
| Province:  |  |           |                |              |
| Postal Code:   |  |           |                |              |
| Date of Birth:   |  |           |                |              |
| Have You Had Previous Insurance:   |  | Yes       | No             | Insurer:     |
| Has Any Insurance Company Refused to Provide Insurance to You in The Past 5 Years: |  |           | Yes            | No           |
| Are There Any Business Operations At This Location:                                |  | Yes       | No             | Details:     |
|  |  |           |                |              |
| Risk Information   |  |           |                |              |
| Fire Protection:   |  | Protected | Semi-Protected | Un-Protected |
| Year Built:  |  |           |                |              |
| Manufacturer:  |  |           |                |              |
| Model:   |  |           |                |              |
| Length (feet):   |  |           |                |              |
| Width (feet):  |  |           |                |              |
| Number of Stories or Levels:   |  |           |                |              |

|   |                |                  |         |                     |          |      |        |       |
|---|----------------|------------------|---------|---------------------|----------|------|--------|-------|
| <b>Total Living Area (square feet):</b>   |                |                  |         |                     |          |      |        |       |
| <b>Garage/Carport:</b>  |                |                  |         |                     |          |      |        |       |
| <b>Deck:</b>  |                |                  |         |                     |          |      |        |       |
| <b>Is the Unit Skirted:</b>   | Yes            | No               |         |                     |          |      |        |       |
| <b>Type of Foundation:</b>  |                |                  |         |                     |          |      |        |       |
| <b>Smoke Detectors:</b>   | Yes            | No               |         |                     |          |      |        |       |
| <b>Fire Extinguishers:</b>  | Yes            | No               |         |                     |          |      |        |       |
| <b>Alarm System:</b>  | Fire           | Burglary         | Water   | Local or Monitored: |          |      |        |       |
| <b>Primary Heating Type:</b>  |                |                  |         |                     |          |      |        |       |
| <b>Oil Tank (if so, attach questionnaire):</b>  | Yes            | No               |         |                     |          |      |        |       |
| <b>Wood Stove (if so, attach questionnaire):</b>  | Yes            | No               |         |                     |          |      |        |       |
| <b>Type of Plumbing System:</b>   |                |                  |         |                     |          |      |        |       |
| <b>Type &amp; Age of Hot Water Tank:</b>  |                |                  |         |                     |          |      |        |       |
| <b>Electrical – Type &amp; Amps:</b>  |                |                  |         |                     |          |      |        |       |
| <b>Description of Outbuildings:</b>   |                |                  |         |                     |          |      |        |       |
| <b>Overall Condition of Unit:</b>   | Poor           | Average          | Good    | Excellent           |          |      |        |       |
| <b>Overall Housekeeping of Unit:</b>  | Poor           | Average          | Good    | Excellent           |          |      |        |       |
| <b>Photograph:</b>  | Yes            | No               | Ordered |                     |          |      |        |       |
| <b>Previous Claims/Damage/Repairs (5 years) Please include date, cause, amount &amp; insurer:</b> |                |                  |         |                     |          |      |        |       |
|   |                |                  |         |                     |          |      |        |       |
|   |                |                  |         |                     |          |      |        |       |
| <b>Occupancy</b>  |                |                  |         |                     |          |      |        |       |
| <b>Occupancy:</b>   | Owner Occupied | Rented to Others | Tenant  | Seasonal            | Business | Farm | Vacant | Other |
| <b>Number of Occupants:</b>   |                |                  |         |                     |          |      |        |       |
| <b>Is The Unit Located In a Mobile Home or RV Park:</b>   |                |                  |         |                     |          |      |        |       |
|   |                |                  |         |                     |          |      |        |       |
| <b>Valuation</b>  |                |                  |         |                     |          |      |        |       |
| <b>Purchase Price including Taxes, Delivery &amp; Site Set Up:</b>                                |                |                  |         |                     |          |      |        |       |
| <b>Current Insured Limit:</b>   |                |                  |         |                     |          |      |        |       |
| <b>Estimated ACV:</b>   |                |                  |         |                     |          |      |        |       |
| <b>Estimated Replacement Cost:</b>  |                |                  |         |                     |          |      |        |       |
|   |                |                  |         |                     |          |      |        |       |
|   |                |                  |         |                     |          |      |        |       |

## Other Information

### Additional Supplements & Questionnaires Attached:

|  |
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|  |
|  |
|  |
|  |

## Signatures

|                            |       |
|----------------------------|-------|
|                            |       |
| Signature of applicant:    | Date: |
| Signature of co-applicant: | Date: |

Where (a) an Applicant for this contract gives false particulars to the prejudice of the Insurance Company or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application

for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.