

Brokers, please complete the information below and include your contact information in order for a quote to be provided. Please include all coverage values required.

General Application

Brokerage Name: _____ Contact Details: _____

Effective Date: _____ Expiry Date: _____

Insured Name(s): _____

Mailing Address: _____ Postal Code: _____

Risk Address: _____ Postal Code: _____

Occupation(s): _____ Birthdates: _____

Phone number: _____ Email: _____

Previous Insurance Company: _____

Loss History

Has any insurer ever cancelled, declined or refused to renew or issue coverage? No Yes If yes, explain: _____

Have there been any losses or claims (insured or uninsured) in the past 5 years? No Yes

If yes, explain claims detail (date, cause, amount paid, open/closed): _____

Coverage

Dwelling	Detached Structures	Personal Property	Personal Liability
\$	\$	\$	\$
Replacement Cost Home Evaluation completed and attached? <input type="checkbox"/> Yes			

Loss Payable(s): _____

Additional Coverage:

Earthquake Coverage? Yes No Earthquake Deductible Buy Down Yes No Rental Income Coverage: \$ _____

Sewer Backup Coverage? Yes No Deductible (\$1000 standard): \$ _____ Other: _____

Risk Information

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

Fire Protection: Within 300m of a hydrant? Yes No Within 8km of a firehall? Yes No Unprotected? Yes No

Occupancy Type: Primary Secondary Seasonal Rented Short-Term Rental Under construction Vacant

Structure: Detached Condo/Townhouse Rowhouse Mobile Home Duplex Other: _____

Construction: Frame Brick Masonry Log Steel Fire Resistive Other: _____

Electrical: Copper Aluminum Knob & Tube AMP Service: _____ A Update year: _____ Full Partial

Primary Heating type: Gas Wood Oil Electric Other: _____ Update year: _____ Full Partial

Secondary heating type: _____ Any Wood Heat Unit? Yes No Age of Unit: _____ WETT inspection attached? Yes No

Any oil tank on premises? Yes No If yes please complete Oil Tank Questionnaire

Type of Roof: Asphalt Metal Cedar Tar & Gravel Concrete Other? _____ Age of Roof: _____

Plumbing Type: Copper PEX ABS PVC Galvanized/Cast Iron Poly B Update year: _____ Full Partial HWT year: _____

Outbuildings: # of Outbuildings: _____ Construction: _____ Use: _____ Value: _____

Any alarms? Yes No If yes: Local Burglary Fire Photos of front and rear of all buildings attached? Yes No

Additional Liability Exposures

Additional Named Insureds? Yes No Remarks: _____

Any Additional Families? Yes No if yes # of families: ____ **Self-contained suites?** Yes No **Any Roomers or Boarders?** Yes No

Any hot plates or cooking in rooms? Yes No

Business operations at this location, including incidental office use? Yes No Remarks: _____

Daycare? Yes No if yes # of children: _____

Swimming Pool? Yes No Remarks: _____ **Hot Tub?** Yes No Remarks: _____

Is location currently under renovation or construction? Yes No If yes provide details: _____

Any pets? Yes No Dog Breed: _____

Any farming operations or animals? Yes No Remarks: _____ **Any missing hand/guardrails?:** _____

Other Exposures: _____

Additional Remarks:

Applicant's Signature

Date

Supplemental Questionnaires:

[Vacant Dwelling Questionnaire](#)

[Vacant Condo Questionnaire](#)

[Rented Dwelling/Tenant Questionnaire](#)

[Short Term Rental Questionnaire](#)

[Oil Tank Questionnaire](#)

[Renovation Questionnaire](#)