



HABITATIONAL INSURANCE APPLICATION

BILLING METHOD

INSURANCE
COMPANY

☐ QUOTE
☐ NEW
☐ RENEWAL

BINDER
NUMBERPOLICY
NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

NAME

ADDRESS

CITY,
PROVPOSTAL
CODECONTACT
NAME

HOME

CELL

BUSINESS

FAX

EMAIL

WEBSITE

PREFERRED
LANGUAGE

2. BROKER'S NAME AND POSTAL ADDRESS

NAME

ADDRESS

CITY,
PROVPOSTAL
CODECONTACT
NAME

BUSINESS

CELL

EMAIL

BROKER
CONTRACT NO.BROKER SUB-
CONTRACT NO.BROKER
CLIENT IDCOMPANY
CLIENT IDGROUP
NAME

GROUP ID

3. POLICY PERIOD

EFFECTIVE DATE

YYYYMMDD

TIME

☐ A.M. ☐ P.M.

EXPIRY DATE

YYYYMMDD

AT 12:01 A.M.

ALL TIMES ARE LOCAL TIMES AT THE
APPLICANT'S ADDRESS SHOWN ABOVE.

4. APPLICANT DATA

APPLICANT 1
NAME

OCCUPATION

YEARS CONTINUOUSLY
EMPLOYED

DATE OF BIRTH

YYYYMMDD

APPLICANT 2
NAME

OCCUPATION

YEARS CONTINUOUSLY
EMPLOYED

DATE OF BIRTH

YYYYMMDD

5. LOSS HISTORY

CLAIMS HISTORY
REPORT DATE

YYYYMMDD

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS?

☐ YES ☐ NO IF YES, COMPLETE THE TABLE BELOW.

DATE OF LOSS YYYYMMDD	LOC. NO.	CAUSE OF LOSS	STATUS	AMOUNT PAID	INSURANCE COMPANY	POLICY NUMBER
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			
			<input type="radio"/> OPEN <input type="radio"/> CLOSED			

DOES THE APPLICANT HAVE ANY KNOWLEDGE OR INFORMATION OF ANY FACT, CIRCUMSTANCE, OR SITUATION WHICH COULD REASONABLY
GIVE RISE TO A CLAIM WHICH WOULD FALL WITHIN THE SCOPE OF THE PROPOSED INSURANCE?

☐ YES ☐ NO IF YES, PROVIDE DETAILS IN THE REMARKS SECTION.

6. POLICY HISTORY

CONTINUOUSLY
INSURED SINCE

YYYYMMDD

☐ FIRST TIME INSURED, NO PRIOR HABITATIONAL INSURANCE

INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE DATE YYYYMMDD	END DATE YYYYMMDD	REASON FOR ENDING	IF TERMINATED BY INSURER, REASON

IN THE PAST FIVE YEARS, HAS ANY INSURANCE COMPANY DECLINED, CANCELLED, REFUSED, OR INDICATED AN INTENT NOT TO RENEW ANY
HABITATIONAL INSURANCE POLICY?

☐ YES ☐ NO IF YES, PROVIDE DETAILS IN THE REMARKS SECTION.

7. CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY

LINE OF BUSINESS _____ POLICY NUMBER _____
LINE OF BUSINESS _____ POLICY NUMBER _____
LINE OF BUSINESS _____ POLICY NUMBER _____

LINE OF BUSINESS _____ POLICY NUMBER _____
LINE OF BUSINESS _____ POLICY NUMBER _____
LINE OF BUSINESS _____ POLICY NUMBER _____



HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. _____

PREMIUM TABLE _____

TOWN ID CODE _____

NO. OF ATTACHMENTS _____

8. RISK ADDRESS

☐ SAME AS POSTAL ADDRESS

ADDRESS _____ CITY, PROV _____ POSTAL CODE _____

9. RATING INFORMATION

YEAR BUILT _____ NO. OF STOREYS _____ NO. OF FAMILIES _____ NO. OF UNITS _____ TOTAL LIVING AREA (excluding basement) ☐ sq ft ☐ m² ACCESS TYPE _____ SMOKERS? ☐ YES ☐ NO

REPLACEMENT COST EVALUATOR PRODUCT _____ DATE EVALUATION COMPLETED _____ YYYMMDD DATE OF BIRTH OF ELDEST OCCUPANT _____ YYYMMDD RELATIONSHIP TO APPLICANT _____

OCCUPANCY TYPE _____	AUXILIARY HEATING TYPE	MAIN WATER VALVE SHUT OFF TYPE _____
STRUCTURE TYPE _____	APPARATUS _____	NO. OF MAIN WATER VALVE SHUT OFF SENSORS _____
FOUNDATION TYPE _____	FUEL _____	<input type="checkbox"/> SEWER BACKUP QUESTIONNAIRE ATTACHED
FINISHED BASEMENT _____ %	LOCATION _____	FIRE PROTECTION
EXTERIOR WALL FRAMING TYPE _____	PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO	DISTANCE TO HYDRANT _____
EXTERIOR WALL FINISH TYPE _____	APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO	HYDRANT TYPE _____
INTERIOR WALL CONSTRUCTION TYPE	NO. OF FACE CORDS PER YEAR _____	DISTANCE TO RESPONDING FIRE HALL _____
_____ % _____ %	<input type="checkbox"/> SOLID FUEL HEATING QUESTIONNAIRE ATTACHED	FIRE HALL NAME _____
_____ %	RADIANT HEATING AREA _____ <input type="radio"/> sq ft <input type="radio"/> m ²	SECURITY SYSTEM
INTERIOR WALL HEIGHT	MAKE _____ YEAR _____	FIRE _____
<input type="radio"/> ft <input type="radio"/> m _____ % <input type="radio"/> ft <input type="radio"/> m _____ % <input type="radio"/> ft <input type="radio"/> m _____ %	OIL TANK YEAR _____ <input type="radio"/> INSIDE <input type="radio"/> IN GROUND <input type="radio"/> OUTSIDE <input type="radio"/> ABOVE GROUND	BURGLARY _____
INTERIOR FLOOR FINISH TYPE	<input type="checkbox"/> FUEL OIL TANK QUESTIONNAIRE ATTACHED	SMOKE DETECTORS _____
_____ % _____ %	PLUMBING TYPE	SMOKE DETECTOR TYPE _____
_____ %	COPPER _____ % GALVANIZED _____ %	NO. OF DETECTORS _____
CEILING CONSTRUCTION TYPE	ABS _____ % PVC _____ %	IF ANY OF THE ABOVE ARE MONITORED, MONITORED BY _____
_____ % _____ %	PEX _____ % POLY-B _____ %	<input type="checkbox"/> ALARM CERTIFICATE ATTACHED
_____ %	LEAD _____ % _____ %	PREMISES ACCESS SECURITY TYPE _____
UPGRADES FULL (YY) PARTIAL (YY)	WATER HEATER TYPE	HOME SPRINKLERED? <input type="radio"/> YES <input type="radio"/> NO
ROOF _____	APPARATUS _____	BATHROOMS NO. OF FULL _____ NO. OF HALF _____
ELECTRICAL _____	WATER HEATER YEAR _____	KITCHENS NO. OF _____
HEATING _____	FUEL _____	KITCHEN #1 QUALITY _____
PLUMBING _____	PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO	KITCHEN #2 QUALITY _____
ROOF COVERING TYPE _____	APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO	GARAGE/CARPORT NO. OF CARS _____
ELECTRICAL WIRING TYPE _____	PRIMARY WATER MITIGATION TYPE	GARAGE TYPE _____
ELECTRICAL PANEL TYPE _____	SUMP PUMP TYPE _____	SWIMMING POOL YEAR _____
SERVICE _____ A	AUXILIARY POWER _____	POOL TYPE _____
PRIMARY HEATING TYPE	BACK UP VALVE _____	POOL FENCED? <input type="radio"/> YES <input type="radio"/> NO
APPARATUS _____	AUXILIARY WATER MITIGATION TYPE	
FUEL _____	SUMP PUMP TYPE _____	
LOCATION _____	AUXILIARY POWER _____	
PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO	BACK UP VALVE _____	
APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO		



HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. _____

DETACHED OUTBUILDINGS/STRUCTURES (Additional limits may be required on any heated outbuildings)

NO.	YEAR	STRUCTURE TYPE	EXTERIOR WALL FRAMING TYPE	HEATING APPARATUS TYPE	FUEL TYPE	TOTAL AREA	VALUE
1						<input type="radio"/> sq ft <input type="radio"/> m ²	
2						<input type="radio"/> sq ft <input type="radio"/> m ²	
3						<input type="radio"/> sq ft <input type="radio"/> m ²	

10. MORTGAGEE / LOSS PAYEE

NAME	NATURE OF INTEREST
1. ADDRESS _____	CITY, PROV/STATE _____ POSTAL/ZIP CODE _____
NAME	NATURE OF INTEREST
2. ADDRESS _____	CITY, PROV/STATE _____ POSTAL/ZIP CODE _____
NAME	NATURE OF INTEREST
3. ADDRESS _____	CITY, PROV/STATE _____ POSTAL/ZIP CODE _____

11. ATTACHMENTS

DESCRIPTION	DATE COMPLETED YYYYMMDD	DESCRIPTION	DATE COMPLETED YYYYMMDD

12. ADDRESS HISTORY

OCCUPANCY DATE
FOR THIS LOCATION

YYYYMMDD

IF OCCUPANCY IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESSES BELOW.

NO.	ADDRESS	CITY	PROV	POSTAL CODE	DATE MOVED IN YYYYMMDD	DATE MOVED OUT YYYYMMDD
1						
2						
3						

13. LIABILITY EXPOSURES

All YES answers may require liability extension coverage or remarks explaining coverage declined.

1. DO YOU OWN/RENT MORE THAN ONE LOCATION? <input type="radio"/> YES <input type="radio"/> NO	11. DO YOU OWN ANY WATERCRAFTS? <input type="radio"/> YES <input type="radio"/> NO
2. NUMBER OF WEEKS LOCATION RENTED TO OTHERS? _____	12. NUMBER OF FULL TIME RESIDENCE EMPLOYEES? _____
3. NUMBER OF ROOMS RENTED TO OTHERS? _____	13. IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE? <input type="radio"/> YES <input type="radio"/> NO
4. DAYCARE OPERATION - NUMBER OF CHILDREN _____	CO-OCCUPANT NAME _____
5. DO YOU OWN A TRAMPOLINE? <input type="radio"/> YES <input type="radio"/> NO	14. IS THERE ANY KIND OF BUSINESS OPERATION? <input type="radio"/> YES <input type="radio"/> NO
6. DO YOU HAVE A GARDEN TRACTOR? <input type="radio"/> YES <input type="radio"/> NO	IF YES, DESCRIBE BUSINESS _____
7. DO YOU HAVE A GOLF CART? <input type="radio"/> YES <input type="radio"/> NO	15. NUMBER OF DOGS IN THE HOUSEHOLD? _____
8. NUMBER OF SADDLE/DRAFT ANIMALS? _____	BREED(S) OF DOGS _____
9. DO YOU OWN ANY UNLICENSED RECREATIONAL VEHICLES? <input type="radio"/> YES <input type="radio"/> NO	16. TOTAL PROPERTY AREA (if greater than 1 acre) _____ <input type="radio"/> acres <input type="radio"/> hectares
10. RENEWABLE ENERGY INSTALLATION ON PREMISES? <input type="radio"/> YES <input type="radio"/> NO	17. OTHER EXPOSURES _____

HABITATIONAL INSURANCE APPLICATION

COVERAGES AND LIABILITY EXTENSIONS LOC. NO. _____

14. COVERAGES

COVERAGE FORM TYPE

RATING PLAN

COVERAGE DESCRIPTION	REQUESTED / DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					ESTIMATED PREMIUM
					1	2	3	4	5	
DWELLING BUILDING	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
DETACHED PRIVATE STRUCTURES	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
PERSONAL PROPERTY	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
ADDITIONAL LIVING EXPENSES	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
LEGAL LIABILITY	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
VOLUNTARY MEDICAL PAYMENTS	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
VOLUNTARY PROPERTY DAMAGE	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
SEWER BACKUP	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
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	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									

ESTIMATED PREMIUM FOR THIS SECTION _____

15. LIABILITY EXTENSIONS AND EXCLUSIONS

LIABILITY COVERAGE DESCRIPTION	REQUESTED / DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					ESTIMATED PREMIUM
					1	2	3	4	5	
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED									

ESTIMATED PREMIUM FOR THIS SECTION _____

16. DISCOUNTS AND SURCHARGES

DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE	DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	
		<input type="radio"/> YES <input type="radio"/> NO				<input type="radio"/> YES <input type="radio"/> NO	

ESTIMATED PREMIUM FOR THIS SECTION _____

TOTAL ESTIMATED PREMIUM FOR THIS PAGE _____



TYPE OF PAYMENT PLAN	ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	ADDITIONAL CHARGES <div> <input type="radio"/> \$ <input type="radio"/> % </div>	TOTAL ESTIMATED COST
AMOUNT PAID WITH APPLICATION	AMOUNT STILL DUE	NO. OF REMAINING INSTALMENTS	AMOUNT OF EACH INSTALMENT	INSTALMENT DUE DATE

[illegible]

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

For all provinces and territories except Quebec: If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

For Quebec: I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

For all provinces and territories: Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

For all provinces and territories except Newfoundland and Labrador: I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer'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, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

For Newfoundland and Labrador: I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer'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, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

APPLICANT'S SIGNATURE X _____	DATE	YYYYMMDD	APPLICANT'S SIGNATURE X _____	DATE	YYYYMMDD
--	------	----------	--	------	----------

IS THIS BUSINESS NEW TO YOUR OFFICE?		<input type="radio"/> YES	<input type="radio"/> NO	SINCE WHAT DATE HAVE YOU KNOWN THIS APPLICANT?		HAVE YOU BOUND THE RISK?		<input type="radio"/> YES	<input type="radio"/> NO
ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW?				<input type="radio"/> YES	<input type="radio"/> NO	IF YES, PROVIDE DETAILS IN REMARKS			
HAVE YOU SEEN THE PRIMARY LOCATION?		<input type="radio"/> YES	<input type="radio"/> NO	IF YES, WHEN?	YYYYMMDD	CONDITION OF PROPERTY			
BROKER'S NAME (Please print)						BROKER'S SIGNATURE			