

CSIO**HABITATIONAL INSURANCE APPLICATION**
PART 1

LANGUAGE

 ENGLISH FRENCH

INSURANCE COMPANY

POLICY NUMBER

 NEW REPLACING POL. NO.

NO. OF LOCATIONS

NO. OF ATTACHMENTS

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS (Last name / first name)

		BROKER CLIENT ID	
		BROKER/AGENT CODE	
RESIDENCE TELEPHONE		BUSINESS TELEPHONE	
FAX NUMBER		ELECTRONIC MAIL	
POLICY PERIOD FROM		DATE YYYY MM DD	
TIME		DATE YYYY MM DD	
FROM		TO 12:01 A.M.	
		All times are local times at the Applicant's postal address stated herein.	

2. APPLICANT DATA If more than one applicant is shown above, provide details for both.

OCCUPATION:	HAS APPLICANT CHANGED ADDRESS IN LAST 3 YEARS?	YES	NO
YEARS CONTINUOUSLY EMPLOYED:	DATE OF BIRTH	YYYY	MM DD
OCCUPATION:	IF YES, PROVIDE PREVIOUS ADDRESS		
YEARS CONTINUOUSLY EMPLOYED:	DATE OF BIRTH	YYYY	MM DD

3. LOSS & POLICY HISTORY

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT OR OTHER MEMBER OF THE APPLICANT'S HOUSEHOLD IN THE PAST 5 YEARS?						YES	NO	IF YES, PROVIDE DETAILS
DATE (YYYY MM DD)	LOC. #	CAUSE	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY	POLICY NUMBER		

HAS ANY INSURER CANCELLED, DECLINED, OR REFUSED TO RENEW OR ISSUE HABITATIONAL INSURANCE TO THE APPLICANT WITHIN THE PAST 5 YEARS?	YES	NO	NAME OF PREVIOUS INSURER:	EXPIRY DATE	YYYY	MM	DD
IF YES, PROVIDE DETAILS: INSURER			POLICY NUMBER:				
<input type="checkbox"/> CANCELLED	<input type="checkbox"/> DECLINED	<input type="checkbox"/> LAPSED	REASON:	FOR HOW MANY YEARS HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURER?			
LIST POLICY NUMBERS OF OTHER INSURANCE WITH THIS COMPANY:							

4. DISCOUNTS AND / OR SURCHARGES May be subject to a maximum. Indicate YES if discount or surcharge premium is NOT included in the coverage premium.

LOC. #	DIS.	SUR.	TYPE	%	\$	NOT INCLUDED		LOC. #	DIS.	SUR.	TYPE	%	\$	NOT INCLUDED	
						YES	NO							YES	NO

5. PREMIUM SUMMARY AND METHOD OF PAYMENT The estimated insurance premiums are subject to adjustment to the Insurer's current manual rates.

ESTIMATED PREMIUM - ALL PAGES	\$	NUMBER OF PAYMENTS	PAYMENT WITH APPLICATION	FINANCIAL INSTITUTION
PROVINCIAL TAX (if applicable)	\$	ONE	TWO	FULL PREMIUM PAID \$
HANDLING CHARGE	\$	THREE	MONTHLY	ACCT #
TOTAL ESTIMATED COST	\$	OTHER (EXPLAIN)		CHQ #
			INITIAL PAYMENT \$	DATE
				MONTHLY PAYMENTS FOR
				MONTHS @ \$

6. DISCLOSURE

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer 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.

The Applicants agree that reports containing personal, credit, factual record, premium payment or claims history information may be sought or exchanged in connection with this application for insurance or renewal, extension, variation or cancellation thereof.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF APPLICANT	DATE
	YYYY MM DD		YYYY MM DD

7. BROKER/AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE?	YES	NO	HOW LONG HAVE YOU KNOWN THE APPLICANT?	HAVE YOU BOUND THIS RISK?	YES	NO	
ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW?	YES	NO					
HAVE YOU SEEN THIS PROPERTY?	YES	NO	IF YES, WHEN	CONDITION OF PROPERTY:	GOOD	FAIR	POOR
			YYYY MM DD				

SIGNATURE OF BROKER/AGENT	DATE
	YYYY MM DD

CSIO**HABITATIONAL INSURANCE APPLICATION**
PART 2 - LOCATION DATA (USE ADDITIONAL FORMS IF REQUIRED)LOCATION #:
PREMIUM TABLE:
TOWN ID CODE:

8. RISK LOCATION IF DIFFERENT FROM APPLICANT'S ADDRESS		LOSS PAYEES NAMES, ADDRESSES AND POSTAL CODES		NATURE OF INTEREST	
		1			
		2			
		3			
		POSTAL CODE			

9. RATING INFORMATION		YEAR BUILT		GROUND FLOOR AREA		SQ. FT.		SQ. M.					
OCCUPANCY / # OF FAMILIES	#	FIRE PROTECTION		SECURITY SYSTEM		Y	N	LOCAL	MON-ITORED	HEATING	FUEL	PRI-MARY	AUX-ILIARY
PRIMARY		UNPROTECTED		FIRE						FURNACE (CENTRAL)			
SECONDARY		WITHIN M OF HYDRANT		MONITORED BY						COMBINATION WITH WOOD			
SEASONAL		WITHIN KM OF FIREHALL		BURGLAR						COMBINATION WITHOUT WOOD			
RENTAL		NAME:		MONITORED BY						FURNACE (CENTRAL) WITH ADD-ON WOODBURNING UNIT			
VACANT		CONSTRUCTION		SPRINKLER									
UNOCCUPIED		ASBESTOS		SMOKE DETECTORS				NO:		HEAT PUMP			
UNDER CONSTRUCTION		BRICK		TYPE:						SPACE HEATER			
# OF STORIES		CEMENT		OTHER SECURITY						ELECTRIC			
STRUCTURE TYPE		FRAME								WALL FURNACE			
DETACHED		AGGREGATE		RENOVATION UPGRADE		FULL	PART	YEAR		FIREPLACE INSERT			
SEMI-DETACHED		MASONITE		ELECTRICAL						SOLID FUEL HEATING UNIT		Y	N
TOWNHOUSE		ALUMINIUM		100 AMPS <input type="checkbox"/> BREAKERS <input type="checkbox"/> FUSES						PROFESSIONAL INSTALLATION			
ROWHOUSE		MASONRY		OTHER (SPECIFY)						SOLID FUEL QUESTIONNAIRE ATTACHED			
PRE-FAB		STONE		HEATING						ULC, CSA, OR WH APPROVED			
MOBILE HOME		STUCCO		PLUMBING						ELECTRIC RADIANT HEAT CEILING			
PARK CODE		FIRE RESISTIVE		COPPER % <input type="checkbox"/> PLASTIC % <input type="checkbox"/> OTHER % <input type="checkbox"/>						SIZE: MAKE: YEAR:			
OTHER		STEEL		ROOFING						OIL TANK: INSIDE ABOVE GROUND			
APT. # OF UNITS		MASONRY VENEER		TYPE:						AGE: YRS OUTSIDE IN GROUND			
DUPLEX		TRIPLEX		BRICK VENEER		DESCRIBE PARTIAL UPGRADE				REMARKS			
MULTIPLY		NON-FIRE RESISTIVE APT											
MERCANTILE (>6 APTS)		VINYL		OUTBUILDINGS: # USE									
				CONSTR: HEAT: VALUE:									

10. ADDITIONAL LIABILITY EXPOSURE INFORMATION										
EXPLAIN "YES" RESPONSES		YES	NO			EXPLAIN "YES" RESPONSES IN REMARKS		YES	NO	REMARKS
LOCATION RENTED TO OTHERS:				# WKS.		DAYCARE - # CHILDREN				
# ADDITIONAL FAMILIES						INCIDENTAL OFFICE USE?				
# ROOMS RENTED TO OTHERS:						BUSINESS OPERATIONS AT THIS LOCATION?				
# SADDLE/DRAFT ANIMALS:						ANY OTHER INCOME PRODUCING OPPORTUNITIES?				
ADDITIONAL RESIDENCES/PROPERTIES				#		IS THERE A CO-OCCUPANT WHO REQUIRES COVERAGE?				
# UNITS (INDICATE LOCATIONS IN REMARKS):						SWIMMING POOL				

OTHER EXPOSURES (EXPLAIN):

VOLUNTARY COMPENSATION REQUIRED FOR # SERVANTS: IN: OUT: CHAUFFEUR: OCCASIONAL:

11. COVERAGE: FORMS, LIMITS & DEDUCTIBLES - Attach home evaluation (if applicable)									
PACKAGE FORM AND TYPE:						RATING PLAN:		DEDUCTIBLE:	
SINGLE LIMIT	DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED PREMIUM	
\$	\$	\$	\$	\$	\$	\$	\$	\$	

12. ADDITIONAL COVERAGE (Specify rating information, limits deductibles, etc.)									
EXPLAIN "YES" RESPONSES IN REMARKS		YES	NO	LIMIT	DED	REMARKS	PREMIUM		
GUARANTEED REPLACEMENT COST-BUILDING									
REPLACEMENT COST ON CONTENTS									
CONDOMINIUM ADDITIONAL PROTECTION ENDORSEMENT									
TENANTS' IMPROVEMENTS									
SEWER BACK-UP									
EARTHQUAKE									
MASS EVACUATION									
RENTAL INCOME									
BURGLARY				VANDALISM					
TOTAL ESTIMATED PREMIUM THIS PAGE							\$		

REMARKS

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HABITATIONAL INSURANCE APPLICATION
PART 3 - PERSONAL PROPERTY DATA (USE ADDITIONAL FORMS IF REQUIRED)

13. SCHEDULED PERSONAL PROPERTY SUMMARY (Appraisals may be required for some items) ✓ CHECK HERE IF ITEM IS FOR BUSINESS OR PROFESSIONAL USE

TYPE	YES	NO	AMT OF INS.	DED	PREMIUM	TYPE	YES	NO	AMT OF INS.	✓	DED	PREMIUM
JEWELRY						CAMERAS						
FURS						ELECTRONIC EQUIPMENT						
SILVERWARE						COMPUTER EQUIPMENT						
COIN						MUSICAL INSTRUMENTS						
STAMP						SPORTS EQUIPMENT						
ANTENNA/RECEIVER						BICYCLES						
FINE ARTS						FIREARMS						
BREAKAGE						TOOL FLOATER						
OFF PREMISES												
HOME FREEZER												
TOTAL ESTIMATED PREMIUM						TOTAL ESTIMATED PREMIUM						
\$						\$						

14. SCHEDULED PERSONAL PROPERTY DETAIL

#	DESCRIPTION (INCLUDING SERIAL / IDENTIFICATION NUMBER)	TYPE	ALL RISKS	NAMED PERILS	PURCHASE/ APPRAISAL DATE	DED	DISC. %	AMT OF INS.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

PART 4 - WATERCRAFT DATA (USE ADDITIONAL FORMS IF REQUIRED)

15. WATERCRAFT AND TRAILERS (indicate if boat trailer or travel trailer)

#	TYPE	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	LENGTH	PRICE (R.C)
1							
2							
3							
4							
5							

#	ENGINE HORSEPOWER	MAXIMUM SPEED	USE	WATERS NAVIGATED	MOORING AT	LOCATIONS	WINTER LOCATION
1							
2							
3							
4							
5							

#	LIENHOLDER / LESSOR	PERILS REQUIRED				BASIS OF SETTLEMENT				DEDUCTIBLE % OR \$	AMT OF INSURANCE	PREMIUM
		AR	NP	RC	ACV	SA	GRC					
1												
2												
3												
4												
5												

16. OPERATOR DATA

#	NAME OF OPERATOR	DATE OF BIRTH	AUTO DRIVER'S LICENCE NO.	C.Y.A.		TRAINING POWER SQUADRON		CERTIFICATE NUMBER
				YES	NO	YES	NO	
1								
2								
3								

TOTAL ESTIMATED PREMIUM THIS PAGE \$

REMARKS