

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 TO 12:01 A.M.	
TIME A.M. P.M.		DATE YYYY MM DD	
BROKER/AGENT BILL		CREDIT CARD #	
COMPANY BILL		OTHER (SPECIFY)	
PAYMENT PLAN		WITHDRAWAL DATE (YYYY/MM/DD)	

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF PREVIOUS INSURER:	EXPIRY DATE	YYYY	MM	DD
IF YES, PROVIDE DETAILS: INSURER	FOR HOW MANY YEARS HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURER?				
<input type="checkbox"/> CANCELLED <input type="checkbox"/> DECLINED <input type="checkbox"/> LAPSED REASON:					
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)	INITIAL PAYMENT \$	CHQ #
		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	BREAKERS	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 %	PLASTIC %	OTHER %			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