



[Personal Lines]

PERSONAL ARTICLES FLOATER APPLICATION

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PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Effective Date: DD/MM/YYYY _____

Name of Entity: Corporation/Individual/Joint Venture/LLC/Partnership/Trust/Other _____

Applicant & Co-Applicant Name(s): _____

Date of Birth: DD/MM/YYYY _____ Occupation: _____

High Profile Celebrity / Actor / Musician / Athlete? Yes No Market referral required? Yes No

Travel habits of the Client (number of trips and usual destinations):

Location Address: _____

Mailing Address: _____

Does Client reside at above address year-round? Yes No

Coverage Limit Required: \$ _____ Cdn _____

Protection: Distance to Firehall within: 8 Km 13 km Distance to Hydrant within: 300m more than 300m Sprinkler? Yes No

Dwelling Type: _____

Construction Type: _____

Is there a Safe on the Premises? Yes No If "Yes", Safe Manufacturer & Model: _____

Is there a Burglar Alarm? Yes No If "Yes", Burglar Alarm Make & Model: _____

Burglar Alarm: Monitored Cell Backup Alarm Local Only Is the property treed? Yes No Clearance: _____ feet

Fire Alarm: Monitored Cell Backup Alarm Local Only No Fire Alarm

Personal Articles	Total Value (CAD):
Antique Furniture	
Audio / Visual Equipment	
Baseball / Sports Cards / Comic Books	
Books	
Cameras	
Coins	
Computers	
Fine Art - Fragile	
Fine Art - Non-fragile	

Furs	
Guns	
Golf Clubs	
Gold / Silver Bullion – Bank Vault only	
Handbags	
Jewelry	
Watches	
Jewelry – Bank Vault only	
Memorabilia	
Miscellaneous	
Musical Instruments – Personal Use	
Musical Instruments – Professional Use	
Rugs	
Silverware	
Stamps	
Wine & Cigars	
Other:	
Other / Miscellaneous:	
TOTAL VALUE:	\$

PART 2 UNDERWRITING QUESTIONS

Occupation	Professional
Does the insured have a high-profile occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured have any adverse media or negative standing in the public eye?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the insured in the public eye such as a celebrity with no professional skill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant had previous insurance with continuous cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the insured ever been bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are individual Fine Art item(s) valued over \$25K being covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there items in transit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transit Limit	\$
What primary property insurance does the client currently have? (i.e. Homeowners, Condo, Tenants, or None):	
Coverage A/Building or Contents Coverage:	\$
Is the Fire Protection Class for the named location: <input type="checkbox"/> Protected? <input type="checkbox"/> Semi-Protected? <input type="checkbox"/> Unprotected?	
Have there been more than three PAF/Home Property Losses in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No



PART 3 DEDUCTIBLES

Requested Deductible (Cdn): Nil \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Mysterious Disappearance: Nil \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Windstorm Deductible: Nil \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Earthquake Deductible (Cdn): Nil \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Wildfire Deductible (Cdn): Nil \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Jewelry and Handbags: Wearing limit required: \$ _____ (Cdn)

PART 4 LOSS HISTORY

Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Please attach any available insurance company loss reports with this application

Has any coverage been declined, cancelled, or non-renewed during the last three years: Yes No

Current / Previous Carrier:

Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration:

Yes No If "Yes", please provide information below:

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker's Signature:

Position:

Please print name:

Date: