

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)

RESIDENCE TELEPHONE		BUSINESS TELEPHONE		BROKER CLIENT ID	
FAX NUMBER		ELECTRONIC MAIL		BROKER/AGENT CODE	
POLICY PERIOD FROM		TIME	DATE	DATE	TO
		A.M. P.M.	YYYY MM DD	YYYY MM DD	12:01 A.M.
		<input type="checkbox"/> <input type="checkbox"/>			
				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

IF YES, PROVIDE DETAILS: INSURER CANCELLED DECLINED LAPSED REASON:

NAME OF PREVIOUS INSURER: POLICY NUMBER: EXPIRY DATE: YYYY MM DD

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 \$	ACCT # CHQ #
HANDLING CHARGE \$	THREE MONTHLY	INITIAL PAYMENT \$	DATE MONTHLY PAYMENTS FOR MONTHS @ \$
TOTAL ESTIMATED COST \$	OTHER (EXPLAIN)		

6. CONSENT & 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.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company'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, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

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				

REMARKS

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 & DEDUCTIBLE - 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