



[Personal Lines]

HIGH VALUE HOMEOWNERS APPLICATION



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PART 1 GENERAL INFORMATION

Broker: _____ Broker Phone: _____

Broker Contact: _____ Broker Email: _____

Name of Client(s): _____ Email: _____

Effective Date: DD/MM/YY _____

Prior Insurer: _____ Prior Insurer Policy #: _____

Reason for Remarketing: _____ Gaps in Coverage: _____

Client #1 Date of Birth: DD/MM/YY _____ Client # 2 Date of Birth: DD/MM/YY _____

Client # 1:
Occupation and Name of Employer / Business: _____

Client # 2:
Occupation and Name of Employer / Business: _____

PART 2 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 DD/MM/YY	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	CLOSED – YES/NO
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach any available insurance company loss reports with this application

PART 3 LOCATION INFORMATION

LOCATION #1 - LEGAL DESCRIPTION	Occupancy	Construction	Year Built	Square Ft
Address: _____				
If Risk is over 20 years old, please advise year of update below:				
	Heat	Roof	Electrical	Plumbing
# of Mortgagees: _____ Primary Heat: _____				
Mortgagee (Name/Address) #1: _____				
Mortgagee (Name/Address) #2: _____				
Burglar Alarm: <input type="checkbox"/> Monitored <input type="checkbox"/> Cell Back Up Alarm <input type="checkbox"/> Local Only		Fire Alarm: <input type="checkbox"/> Monitored <input type="checkbox"/> Cell Back Up Alarm <input type="checkbox"/> Local Only		
Protection: Distance to Fire Hall within: <input type="checkbox"/> 8km <input type="checkbox"/> 13km Distance to Hydrant: <input type="checkbox"/> within 300m <input type="checkbox"/> more than 300m Sprinkler? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Protection: _____				

Type of Roof: _____ Type of Heating: _____

Type of Electrical: _____ Hot Water Tank (Year): _____

Type of Plumbing: _____

Is there any Auxilliary Heating (Describe): _____

Limits of Insurance					
Dwelling Building	Detached Private Structures	Personal Property	Additional Living Expense	Personal Liability	Deductible(s)

ADDITIONAL LIABILITY EXPOSURES:

Optional Coverages (Applies only if coverage indicated and premium charged)

_____ \$

_____ \$

_____ \$

LOCATION #2 - LEGAL DESCRIPTION	Occupancy	Construction	Year Built	Square Ft
Address: _____				
If Risk is over 20 years old, please advise year of update below:				
# of Mortgagees: _____ Primary Heat: _____	Heat	Roof	Electrical	Plumbing

Mortgagee (Name/Address) #1: _____

Mortgagee (Name/Address) 2: _____

Type of Roof: _____ Type of Heating: _____

Type of Electrical: _____ Hot Water Tank (Year): _____

Type of Plumbing: _____

Is there any Auxilliary Heating (Describe): _____

Burglar Alarm: Monitored Cell Back Up Alarm Local Only | **Fire Alarm:** Monitored Cell Back Up Alarm Local Only

Protection: Distance to Fire Hall: _____ Distance to Hydrant: within 300m more than 300m Sprinkler? Yes No

Additional Protection: _____

Limits of Insurance					
Dwelling Building	Detached Private Structures	Personal Property	Additional Living Expense	Personal Liability	Deductible(s)

ADDITIONAL LIABILITY EXPOSURES:

Optional Coverages (Applies only if coverage indicated and premium charged)

_____ \$

_____ \$

_____ \$

PERSONAL VALUABLES					
Class	Scheduled Value	# of Items	Largest Value	Blanket Values	Location of Items
Fine Arts					
Jewellery					
Jewellery in Vault					
Silverware					
Musical Instruments					
Stamps					
Coins					
Wine					
Collectibles					
Furs					
Other:					

ADDITIONAL RISK INFORMATION (Use, Occupancy or Maintenance of the Locations)

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:

2ND 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 home?

What is the condition of the home?

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

Do you recommend this applicant?

Broker's Signature:

Position:

Please print name:

Date: