



[Personal Lines]
SEASONAL DWELLING APPLICATION



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SEASONAL DWELLING APPLICATION**PART 1 GENERAL INFORMATION**

Note: Current photos of front and back of risk must accompany this Application.

Broker:	Tel:
Broker Contact:	Email:
Name of Applicant:	
Mailing Address:	Postal Code:
Risk Address:	Postal Code:
Loss Payable:	Date of Birth (dd/mm/yyyy):
Effective Date: From: (dd/mm/yyyy):	To: (dd/mm/yyyy)

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 BUILDING DESCRIPTION

Year Built:	Year Purchased:
Walls: <input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> HCB <input type="checkbox"/> Fire Res <input type="checkbox"/> Other:	
Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", is it: <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground <input type="checkbox"/> Fully Fenced	
Dock/Wharf: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", is it: <input type="checkbox"/> Permanent OR <input type="checkbox"/> Seasonal <i>(Please attach photo)</i>	
Acreage:	Waterfront: <input type="checkbox"/> Yes <input type="checkbox"/> No

If risk location is older than 20 years, please advise year of update:

Roof: T&G Metal Duroid Tile Other: Year Updated: _____

Heating: Gas Oil Electric Propane Other: Year Updated: _____

Wood Heat: Auxiliary Primary *(Please attach Solid Fuel Heating Questionnaire and photos)*

Wiring: Breakers Fuses Amperage: Year Updated: _____

Plumbing: Type: Plastic % Copper % Other: % Year Updated: _____

Foundation: Wood Concrete Other: Year Updated: _____

Height: Number of Stories: _____ Square Feet of Building: _____

Basement: Yes No Finished Area: _____ %

Public Protection: Hydrant within 300 metres? Yes No Firehall: within 8 km within 13 km Unprotected

Volunteer Hall: Yes No Paid Hall: Yes No

Private Protection: Sprinklered? Yes No Fire Extinguishers? Yes No How Many? _____ Type: _____

Burglar Alarm System: Local Monitored Name of Monitoring Company: _____

PART 4 OCCUPANCY

How often is the building occupied by the Insured?

In what months is risk **unoccupied**? Jan Feb Mar Apr May June Jul Aug Sept Oct Nov Dec

During any periods of unoccupancy, what arrangements have been made to secure the property? *(Please explain below)*

PART 5 RENTALS

Is the risk rented to others? Yes No If "Yes", list % of: Daily Rentals: _____ % Weekly Rentals: _____ % Monthly Rentals: _____ %

Who arranges the rentals? Insured Other: _____

Is a Property Manager in place? Yes No If "Yes", who? _____

Who is responsible for maintenance? _____

How are tenants secured and screened? (i.e. website, word of mouth, etc.): _____

Is there a rental contract? Yes No

PART 6 LIMITS OF INSURANCE

Coverage	Limit	Coverage	Limit
Dwelling Building	\$	Outbuildings	\$
Contents	\$	Liability (Premises Only)	\$
Sewer Backup	<input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Income (if required 100% CO)	\$	Other:	\$

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 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: _____