



[Personal Lines]  
**TENANT POLICY APPLICATION**

# TENANT POLICY APPLICATION

## PART 1 GENERAL INFORMATION

Broker:	Contact Person:	Tel:
Name of Applicant:	Age:	
Mailing Address:	Postal Code:	
Risk Location (if different than above):	Postal Code:	
Policy Period: <b>FROM:</b> _____ <b>TO: (DD/MM/YY):</b> _____		

**12 MONTH POLICY TERM ONLY 12:01 A.M. All times are local times at the postal address stated herein**

## PART 2 UNDERWRITING INFORMATION

Occupied as Primary Residence?  Yes  No Other (describe): \_\_\_\_\_

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Fire Protection:  Table 1, within 305m of hydrant  Table 2, within 13 kms of Firehall  Unprotected

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Type of Building:  Apartment  Dwelling, Townhouse  Commercial

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Age of Building: \_\_\_\_\_

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Primary Heat:  Natural  Gas  Oil  Electric?  Other (describe): \_\_\_\_\_

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Auxiliary Solid Fuel Heating Systems?  Yes  No

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Any Roomers or Boarders?  Yes  No If "Yes", please describe: \_\_\_\_\_

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Home Based Business:  Yes  No

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## PART 3 COVERAGE AND LIMITS

**TENANTS PACKAGE POLICY:**

Basis of Settlement, Replacement Cost – Deductible:  \$500  \$1,000  \$2,500

C. Personal Property	D. Additional Living Expense	E. Personal Liability	Premium
\$	\$	\$2,000,000	\$

Additional Coverage: X Sewer Backup Included  Overland Water  Earthquake

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## PART 4 LOSS AND POLICY 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 Insurer cancelled, declined or refused to issue habitational or mobile home insurance to the Applicant within the past 5 years?  Yes  No

If Yes to above, provide details:

Name of Previous Insurer & Policy Number:

### 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?

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Is this account new or renewal to you?

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Have you personally viewed the Applicant's operations?

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What is the condition of facilities and equipment?

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

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Do you recommend this Applicant?

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Broker's Signature:

Position:

Please print name:

Date: