

CSIO HABITATIONAL INSURANCE APPLICATION

BILLING	
<input type="checkbox"/> COMPANY	<input type="checkbox"/> BROKER/AGENT

INSURANCE COMPANY	<input type="checkbox"/> QUOTE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	POLICY NUMBER	BINDER NUMBER
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1. APPLICANT'S FULL NAME AND POSTAL ADDRESS				2. BROKERAGE/AGENCY INFORMATION			
CONTACT NUMBER(S)				BROKER CODE		CONTACT NAME	
TYPE	NO.	TYPE	NO.	PHONE NO.		FAX NO.	
TYPE	NO.	TYPE	NO.				
PREFERRED DOCUMENT LANGUAGE				CONTRACT NUMBER		SUB-CONTRACT NUMBER	
<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH							
EMAIL ADDRESS				GROUP / PROGRAM NAME		GROUP ID	
WEBSITE ADDRESS				BROKER CLIENT ID		COMPANY CLIENT ID	

3. POLICY PERIOD							
EFFECTIVE DATE	TIME	A.M. <input type="checkbox"/>	P.M. <input type="checkbox"/>	EXPIRY DATE	AT 12:01 A.M.	ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.	

4. APPLICANT DATA							
INSURED NAME				CO-INSURED NAME			
OCCUPATION				OCCUPATION			
YEARS CONTINUOUSLY EMPLOYED		DATE OF BIRTH		YEARS CONTINUOUSLY EMPLOYED		DATE OF BIRTH	
OCCUPANCY DATE				IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS			
							POSTAL CODE

5. LOSS HISTORY							
CLAIMS HISTORY REPORT DATE							
HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE CHART BELOW							
LOSS DATE	LOC. #	CAUSE	CLAIM SETTLED (Y/N)	PAID AMOUNT	POLICY NUMBER	INSURANCE COMPANY	

6(A). POLICY HISTORY							
FIRST TIME INSURED <input type="checkbox"/>							
HAS ANY INSURANCE COMPANY REFUSED TO PROVIDE INSURANCE IN THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, INDICATE INSURANCE REFUSAL TYPE <input type="checkbox"/> CANCELLED <input type="checkbox"/> DECLINED <input type="checkbox"/> REFUSED RENEWAL <input type="checkbox"/> RESTRICTED COVERAGE							
BY WHICH INSURANCE COMPANY _____ REASON _____							
PREVIOUS INSURANCE COMPANY _____ POLICY NUMBER _____ EXPIRY DATE _____							
SINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURANCE COMPANY? _____ HAS IT BEEN CONTINUOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please provide details in remarks.							

6(B). CROSS REFERENCE INFORMATION							
LIST OTHER POLICIES WITH THIS INSURANCE COMPANY							
LINE OF BUSINESS _____		POLICY NUMBER _____					
LINE OF BUSINESS _____		POLICY NUMBER _____					



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UNDERWRITING INFORMATION LOC # _____

PREMIUM TABLE
TOWN ID CODE
NO. OF ATTACHMENTS

7. RISK ADDRESS SAME AS POSTAL ADDRESS

ACCESS: EASY ACCESS ROAD DIFFICULT ACCESS ROAD ISLAND ISOLATED RURAL OTHER _____

8. MORTGAGEE / LOSS PAYEE(S) **NATURE OF INTEREST**

9. RATING INFORMATION

REPLACEMENT COST EVALUATOR PRODUCT _____ YEAR BUILT _____ # OF STOREYS _____ # OF FAMILIES _____ # OF UNITS _____ TOTAL LIVING AREA (excluding basement) SQ. FT. SQ. M.

DATE EVALUATION COMPLETED (YYYY/MM/DD) _____ SMOKER(S)? Y/N _____ DATE OF BIRTH OF ELDEST OCCUPANT (YYYY/MM/DD) _____ RELATIONSHIP TO APPLICANT _____

OCCUPANCY	EXTERIOR WALL FRAMING	HEATING TYPE	SECURITY SYSTEM	Y/N	LOCAL	MONITORED
PRIMARY	WOOD FRAME	PRIMARY HEATING APPARATUS	FIRE			
SECONDARY	CONCRETE BLOCK / MASONRY FRAME	FUEL	BURGLAR			
SEASONAL	LOG	LOCATION	SMOKE DETECTORS			
RENTAL	FIRE RESISTIVE	AUXILIARY HEATING APPARATUS	DETECTOR TYPE			NO:
VACANT		FUEL	MONITORED BY			
UNOCCUPIED	EXTERIOR WALL FINISH	LOCATION	ALARM CERTIFICATE ATTACHED			
UNDER CONSTRUCTION		NO. OF FACE CORDS PER YEAR	SPRINKLER			
	BRICK VENEER	HEATING UNIT PROFESSIONAL INSTALLATION	SECURITY TYPE			
STRUCTURE TYPE/STYLE	VINYL SIDING	HEATING UNIT ULC, CSA, OR WH APPROVED	WATER MITIGATION MEASURES IN PLACE			
DETACHED	STUCCO	RADIANT HEATING AREA SQ.M. _____	UPDATE YEAR		FULL (YY)	PARTIAL (YY)
SEMI-DETACHED	STONE VENEER	MAKE _____ YEAR _____	HEATING			
ROWHOUSE / TOWNHOUSE (END)	SOLID BRICK	OIL TANK	ROOFING			
ROWHOUSE / TOWNHOUSE (INSIDE)	ALUMINUM/METAL SIDING	YEAR _____ <input type="checkbox"/> INSIDE <input type="checkbox"/> IN GROUND	TYPE _____			
HIGHRISE	WOOD	<input type="checkbox"/> OUTSIDE <input type="checkbox"/> ABOVE GROUND	ELECTRICAL _____ AMPS			
MOBILE HOME		<input type="checkbox"/> UNPROTECTED <input type="checkbox"/> SUPERIOR SHUTTLE TANKER SERVICE	<input type="checkbox"/> BREAKERS <input type="checkbox"/> KNOB & TUBE <input type="checkbox"/> COPPER			
MULTIPLEX		_____ M. OF HYDRANT _____ KM. OF FIREHALL	<input type="checkbox"/> FUSES <input type="checkbox"/> ALUMINUM			
FOUNDATION		FIREHALL NAME: _____	PLUMBING			
POURED CONCRETE	SLAB/CONCRETE SLAB		COPPER _____% PLASTIC _____%			
CONCRETE BLOCK	STONE		GALVANIZED _____% _____%			
CRAWLSPACE						
FINISHED BASEMENT _____%						

INTERIOR DETAILS	TYPE	%	TYPE	%	TYPE	%
INTERIOR WALL CONSTRUCTION						
INTERIOR FLOOR FINISH						
CEILING CONSTRUCTION						

ADDITIONAL INTERIOR DETAILS

WALL HEIGHT FT. M. _____ %

NUMBER OF KITCHENS: _____ NUMBER OF BATHROOMS: FULL _____ HALF _____

NO. QUALITY _____

_____ BUILDER'S GRADE CUSTOM _____

_____ BUILDER'S GRADE CUSTOM _____

SWIMMING POOL	GARAGE / CARPORT
YEAR _____ <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> WITH FENCE	ATTACHED GARAGE? Y/N _____
<input type="checkbox"/> INDOOR <input type="checkbox"/> IN GROUND <input type="checkbox"/> WITHOUT FENCE	ATTACHED CARPORT? Y/N _____
	SIZE - # OF CARS _____
	SIZE - # OF CARS _____
	<input type="checkbox"/> BUILT-IN <input type="checkbox"/> BASEMENT

DETACHED OUTBUILDING(S)/OTHER STRUCTURE(S) (Additional limits required or any heated outbuildings)

STRUCTURE NO.	YEAR BUILT	STRUCTURE TYPE	EXTERIOR WALL FRAMING	HEATING APPARATUS	FUEL	TOTAL AREA <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.	VALUE (Included in detached private structure limit)



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COVERAGE AND LIABILITY EXTENSIONS LOC # _____

10. COVERAGE: FORMS, LIMITS & DEDUCTIBLES

PACKAGE FORM AND TYPE					RATING PLAN	DED. \$	DED. TYPE
DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED BASE PREMIUM
\$	\$	\$	\$	\$	\$	\$	\$

11. ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)

CODE	COVERAGE DESCRIPTION	COVERAGE REQUESTED Y/N	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM
						1	2	3	4	5	
GUARR	GUARANTEED REPLACEMENT COST-BUILDING										
GRCE	REPLACEMENT COST ON CONTENTS										
	UNIT OWNERS BUILDING IMPROVEMENTS AND BETTERTMENTS <input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS										
	LOSS ASSESSMENT <input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS										
CCLA	CONDOMINIUM CONTINGENT LEGAL LIABILITY										
HSL	SINGLE LIMIT										
SEWER	SEWER BACK-UP										
IDTFT	IDENTITY THEFT										
RENT	RENTAL INCOME										
BYLAW	BYLAWS ENDORSEMENT										
ERQK	EARTHQUAKE										
ERQKF	POST-EARTHQUAKE DAMAGE										
PERLI	PERSONAL LIABILITY (UMBRELLA)										

PREMIUM FOR THIS SECTION \$

12(A). LIABILITY EXPOSURES (Yes answers require liability extension coverage or remarks explaining coverage declined.)

DO YOU OWN / RENT MORE THAN ONE LOCATION?	<input type="checkbox"/>	DO YOU OWN ANY WATERCRAFT?	<input type="checkbox"/>
NUMBER OF WEEKS LOCATION RENTED TO OTHERS?	<input type="checkbox"/>	NUMBER OF FULL TIME RESIDENCE EMPLOYEES	<input type="checkbox"/>
NUMBER OF ROOMS RENTED TO OTHERS?	<input type="checkbox"/>	IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE?	<input type="checkbox"/>
DAYCARE OPERATION - NUMBER OF CHILDREN	<input type="checkbox"/>	CO-OCCUPANT NAME	<input type="text"/>
DO YOU OWN A TRAMPOLINE?	<input type="checkbox"/>	IS THERE ANY KIND OF BUSINESS OPERATION?	<input type="checkbox"/>
DO YOU HAVE A GARDEN TRACTOR?	<input type="checkbox"/>	IF YES, DESCRIBE BUSINESS	<input type="text"/>
DO YOU HAVE A GOLF CART?	<input type="checkbox"/>	NUMBER OF DOGS IN THE HOUSEHOLD	<input type="checkbox"/>
NUMBER OF SADDLE / DRAFT ANIMALS?	<input type="checkbox"/>	BREED(S) OF DOGS	<input type="text"/>
DO YOU HAVE ANY UNLICENSED RECREATIONAL VEHICLES?	<input type="checkbox"/>	OTHER EXPOSURES	<input type="text"/>
RENEWABLE ENERGY INSTALLATION ON PREMISES?	<input type="checkbox"/>		

12(B). LIABILITY EXTENSIONS FROM PRIMARY LOCATION

CODE	LIABILITY COVERAGE DESCRIPTION	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM
					1	2	3	4	5	

PREMIUM FOR THIS SECTION \$

13. DISCOUNTS AND SURCHARGES**DISCOUNTS AND SURCHARGES continued**

CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM	CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM

PREMIUM FOR THIS SECTION \$

TOTAL ESTIMATED PREMIUM THIS PAGE \$



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14. PREMIUM INFORMATION

TOTAL ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	PAYMENT PLAN	ESTIMATED INSTALLMENT AMOUNT	\$ / % ADDITIONAL CHARGES	TOTAL ESTIMATED COST
				\$ %	

15. ATTACHMENTS

ATTACHMENTS	DESCRIPTION	DATE COMPLETED	ATTACHMENTS	DESCRIPTION	DATE COMPLETED

16. REMARKS

17(A) FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

• **For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

• **For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

• **For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

17(B) PERSONAL INFORMATION CONSENT

For all provinces and territories except Newfoundland and Labrador: I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer'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, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

For Newfoundland and Labrador: I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer'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, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais. The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	

18. BROKER / AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? YES NO SINCE WHAT DATE 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 IF YES, PROVIDE DETAILS IN REMARKS

HAVE YOU SEEN THE PRIMARY LOCATION? YES NO IF YES, WHEN CONDITION OF PROPERTY GOOD FAIR POOR

BROKER / AGENT NAME (Please print)	SIGNATURE OF BROKER / AGENT	DATE
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