

High Value Homeowner Application

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk. We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf. We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Name of Applicant		D.O.B. (mm/dd/yy)	
Occupation/Employer		Years Continuously Employed	
Mailing Address			
Number of years at this location			
Phone #		Business Phone #	
Previous Address if changed in the last 3 years			
Name of Spouse:		D.O.B. (mm/dd/yy)	
Occupation/Employer		Years Continuously Employed	
Current insurance company on risk			
Is renewal being offered?		Yes No	
If no, explain			
BROKER DECLARATION			
Each and every question must be answered by the Broker and/or Account Executive.			
Is this account NEW to your office?	Yes No	Did you receive the order direct from the Applicant?	Yes No
If no, how long have you known the applicant?	Do you recommend this applicant in every respect?		Yes No
Do you handle other insurance for the Applicant?		Yes No	
Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters. This application must be signed by the Producer/Account Executive.			
DATE		SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE	
PRINT NAME OF BROKERAGE		PRINT NAME OF BROKER/PRODUCER	
PRINT ADDRESS OF BROKERAGE			

PROPERTY INFORMATION											
Risk Location (legal address) (if different from previous page)											
Loss Payable											
Occupancy											
Single Family/Owner Occupied			Condo Package				Seasonal				
Construction											
# of Stories			Year Built			Square Footage					
Walls -		Frame		BV		Brick/Stone		Alum. Siding		Modular	Fire Resistive
Roof -		Patent			Metal Clad			Other			
Updates -		Full			Partial			Year			
Utilities - Heat											
Primary -		Furnace (Central)		Electric		Oil		Space Heater		Wood	
Auxiliary -		Electric			Space Heater			Wood			
Updates -		Full			Partial			Year			
Wood Heat		Woodstove		Wood Furnace		Fireplace Insert		Combination Wood Furnace			
ULC Approved?		Yes No		Installed to Code? Yes		No		Combined with			
Oil Heat		Inside		Outside		Above Ground		In Ground			
Age of Tank					Date of last inspection						
Electrical		C/B			Fuses			Amps			
Updates -		Full			Partial			Year			
Plumbing		Copper			Plastic			Other			
Updates -		Full			Partial			Year			
Sump Pump					Age						
Protection											
Fire -		Hydrant within 300 metres			Firehall within 8km			Unprotected			
Alarm -		Yes No		Fire		Burglary		Heat detectors		Smoke alarms as required by law	

Central	Monitored	Local	ULC Approved	Yes No
Housekeeping	Excellent	Good	Fair	Poor
Physical Condition	Excellent	Good	Fair	Poor
Outbuilding(s) - Please complete individual premises information sheet for any outbuildings not attached to the main building.				
Claims – any/all claims within last 5 years (please use another sheet if you need more room)				

EXECUTIVE HOMEOWNERS SUPPLEMENT

NOTE: If there is any additional underwriting information please complete a separate page.

Are there additional residences or properties for which insurance is not requested here? Yes No

If yes, please provide details

Saddle/Draft Animals Yes No If yes, number of each

Is a daycare operated? Yes No If yes, number of children

Is there any incidental office use? Yes No If yes, please describe

Swimming Pool? Yes No Above Ground In Ground Depth

of Acres

of Servants In Out Chauffeur Occasional

Voluntary Compensation Required? Yes No

COVERAGES AND LIMITS

Executive Homeowners

Form, Basis of Loss Settlement and Deductible will be based on risk qualification and may differ from your request. Personal Articles and Fine Arts –appraisals are required on articles in excess of \$1,000. A Deductible will apply.

Form Comprehensive

Deductible \$2,500 Other

Limits Building #1

Personal Property

Detached Private Structures

Additional Living Expenses

Personal Liability \$1,000,000 \$2,000,000

Jewellery (attach schedule)

Is Jewellery kept in a safe? Yes No If yes, what limit is in safe?

Fine Arts (attach schedule)

Watercraft		(attach schedule)	
Other - Describe		(attach schedule)	
Add'l Cov	Sewer Backup	By-Laws	Mass Evacuation
Lock Replacement		Earthquake Coverage (Bldg)	
APPLICANT'S SIGNATURE			
PLEASE REVIEW CAREFULLY			
Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.			
I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.			
Date		Signature of Applicant	