

## Personal Lines High Value Home Application

Brokerage Name and Contact Phone: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client #1 Occupation and Name of Employer: \_\_\_\_\_

Client #2 Occupation and Name of Employer: \_\_\_\_\_

Client #1 Date of Birth (DD/MM/YY): \_\_\_\_\_

Client #2 Date of Birth (DD/MM/YY): \_\_\_\_\_

How long have you lived at this location? \_\_\_\_\_

Current/Previous Insurer & expiry date of policy: \_\_\_\_\_

Expiring/Target Premium: \_\_\_\_\_

Reason for remarketing: \_\_\_\_\_

Has an appraisal/inspection been completed on the location(s) by an insurer? Yes ☐ No ☐

Are there any business pursuits or activities on the premises? Yes ☐ No ☐

Provide details: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused to quote or renew insurance? Yes ☐ No ☐

If yes, please provide details: \_\_\_\_\_

Please describe all property and liability losses or claims by applicant(s) or household members during last 5 years:

Type of Loss	Date of Loss DD/M/YY	Description of Loss	Reserve or Loss Amount Paid by Insurer	Closed – Yes/No
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

## Location #1

<b>Legal Address:</b> _____	<b>Occupancy</b>	<b>Construction</b> (Brick, Frame, Stone, Masonry, Log or other)		<b>Year Built</b>	<b>Square Ft</b>	
<b>Size of Lot:</b> Acres: _____						
<b>Updates:</b>	<b>Heat</b>	<b>Wood Heat</b>	<b>Roof</b>	<b>Electrical</b>	<b>Plumbing</b>	<b>Hot Water Tank</b>
<b># Of Mortgages:</b> _____ <b>Mortgagee (Name/Address) #1:</b> _____ <b>Mortgagee (Name/Address) #2:</b> _____						
Are any of your mortgages/liens/encumbrance payments in arrears? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Burglar Alarm:</b> <input type="checkbox"/> Monitored <input type="checkbox"/> Cell Back Up Alarm <input type="checkbox"/> Local Only <b>Fire Alarm:</b> <input type="checkbox"/> Monitored <input type="checkbox"/> Cell Back Up Alarm <input type="checkbox"/> Local Only						
<b>Fire Protection:</b> <input type="checkbox"/> Protected <input type="checkbox"/> Semi Protected <input type="checkbox"/> Unprotected						
Short term Rental Exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Multi family Dwelling? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Swimming Pool:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes, pool is located: Outdoor <input type="checkbox"/> Indoor <input type="checkbox"/> Is the pool surrounded by a fence with a locked gate? Yes <input type="checkbox"/> No <input type="checkbox"/> Automatic water shut off system is installed? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>EARTHQUAKE PROTECTION:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Requested Deductible</b>						

Limits of Insurance					
Dwelling Building	Detached Structures	Personal Property	Additional Living Expense	Personal Liability	Deductible(s)
Reduced outbuildings and personal property available –Please indicate Coverage Required					

Optional Coverages					
Coverage	Service Line	Overland Water	ID Theft	Mechanical Breakdown	Home office Liability
Limit:					
Deductible:					

Personal Valuables - Jewelry , Fine Arts, ETC					
Class	Scheduled Value	# Of Items	Largest Value	Blanket Values	Location of Items

## Location #2

<b>Legal Address:</b> _____	<b>Occupancy</b>	<b>Construction</b> (Brick, Frame, Stone, Masonry, Log or other)		<b>Year Built</b>	<b>Square Ft</b>	
<b>Size of Lot:</b> Acres:_____						
<b>Updates:</b>	<b>Heat</b>	<b>Wood Heat</b>	<b>Roof</b>	<b>Electrical</b>	<b>Plumbing</b>	<b>Hot Water Tank</b>
# Of Mortgages:_____						
Mortgagee (Name/Address) #1:_____						
Mortgagee (Name/Address) #2:_____						
Are any of your mortgages/liens/encumbrance payments in arrears? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Burglar Alarm:</b> <input type="checkbox"/> Monitored <input type="checkbox"/> Cell Back Up Alarm <input type="checkbox"/> Local Only						
<b>Fire Alarm:</b> <input type="checkbox"/> Monitored <input type="checkbox"/> Cell Back Up Alarm <input type="checkbox"/> Local Only						
<b>Fire Protection:</b> <input type="checkbox"/> Protected <input type="checkbox"/> Semi Protected <input type="checkbox"/> Unprotected						
Short term Rental Exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Multi family Dwelling? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Swimming Pool:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes, pool is located: Outdoor <input type="checkbox"/> Indoor <input type="checkbox"/>						
Is the pool surrounded by a fence with a locked gate? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Automatic water shut off system is installed? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>EARTHQUAKE PROTECTION:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Requested Deductible</b>						

Limits of Insurance					
Dwelling Building	Detached Structures	Personal Property	Additional Living Expense	Personal Liability	Deductible(s)
<b>Reduced outbuildings and personal property available –Please indicate Coverage Required</b>					

**Optional Coverages**

Coverage	Service Line	Overland Water	ID Theft	Mechanical Breakdown	Home office Liability
Limit:					
Deductible:					

**Personal Valuables - Jewelry , Fine Arts, ETC**

Class	Scheduled Value	# Of Items	Largest Value	Blanket Values	Location of Items

**The policy may be deemed to be void and claims may be deemed not covered where:**

1. An applicant for a contract:
  - a. Gives false or erroneous information to the prejudice or 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 AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS**

Signature of Applicant (or authorized representative): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant (or authorized representative): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by the Broker:**

1. Do you know the Applicant personally? \_\_\_\_\_
2. If yes, for how long? \_\_\_\_\_
3. Did you receive the order direct from the Applicant? \_\_\_\_\_
4. If no, from whom and why? \_\_\_\_\_
5. Do you handle other Insurance for Applicant? \_\_\_\_\_
6. Do you recommend this risk in every respect? \_\_\_\_\_
7. Is this a renewal to your Office? Yes ☐ No ☐
8. If yes, how long have you placed Insurance on this risk? \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_