

## 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>
# 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)
				\$5,000,000	
Reduced outbuildings and personal property available – Please use the drop-down option					

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)
				\$5,000,000	
<b>Reduced outbuildings and personal property available – Please use the drop-down option</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: \_\_\_\_\_