



Mobile Home Application

This application is applicable to all provinces excluding BC/AB/SK. For risks in these provinces, refer to www.programs.agilesprint.ca.

Please Print All Information Clearly. Complete the application in full and fax to the above number for confirmation of acceptance. We cannot accept a partially completed application.

Brokerage:											Broker No.				
NAME(S) OF INSURED(S) as they should appear on Policy:						Additional Named Insured (Spouse or Other) - Advise Relationship to the Insured:									
Date of Birth: /month /date /year /month /date Occupation: Length of Employment:					/date	/year		Date of Birth: /month /date /year Occupation: Employer: Length o			Employm	_ ent:			
POSTAL ADDRESS			<u> </u>	,			LEGAL ADDRESS or ADDRESS OF RISK (if different from postal)								
	MONTH	DAY	YEAR		MON	TH DAY		YEAR							
POLICY PERIOD FROM				то					12:01 a.m., Sta as stated herei		ne at the Postal Ado	lress of th	ne named in	sured	
DESCRIPTION OF MOBILE HOME															
Age Manufacturer/Model: Serial #: Size:								_							
Distance to fire hydrant (1000 ft or 305 m) Owner Occupied Distance to Fire Hall Tenants Package								Name and Address of LOSS PAYEE:							
Distance to Fire Hall Tenants Package Fire Hall Name Rented to Others								MANDATORY: (Must be fully skirted, on blocks and have tie-							
Unprotected Seasonal						downs) On Blocks? Yes No Fully Skirted? Yes No On Foundation					No				
Primary Heating Approved Permanent Are any appliances used to aid primary heating system? (e.g. space heaters, wood burning stoves)															
Oil (COMPLETE OIL HEATING QUESTIONNAIRE & ATTACH PHOTO)							No PHOTO) Yes (COMPLETE QUESTIONNARIE - AUXILLIARY HEATING & ATTACH						Н		
Electric Wood or Coal Burning System															
Gas Propa	ine U	other (specify)													
Original Roof Replacement Date: Original Hot Water Tank Replacement Date:					Original (Replacemen					Original Plumbing lacement Date:					
Original Furnace Replacement Date:	Original Wiring Replacement Date: Amp Service: Fuses: Ordinary Tamper Proof Circuit Breakers														
PREVIOUS INSURANCE HISTORY															
Give details of Previou	s Losses -	- (Past 5 Year	rs):				G	ive detail	s of Insurance t	hat has b	een Cancelled or I	eclined:			
Previous Insurer:															
Policy Number: Premium:					m:										
METHOD OF PAYMEN	т										oto of Mobile Ho				
Broker Bill Monthly Payments						Authorization			. ay, monude	ot and	401 11101111110 1101	.55.1, 10	O.166K A	Jigii	

"BROKERS DO NOT HAVE BINDING AUTHORITY"

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COVERAGE DETAILS		1				T		
	TERRITO	TERRITORY		MOBILE HOME		CONTENTS		
MOBILE					Actual Cash Value		Actual Cash Value	
HOMEOWNERS SEASONAL					Replacement	Cost	Replac	ement Cost
RENTAL UNIT								
P.	ART 1 PRINCIPLE R	RESIDENCE		PART	II - COMPREHE	1		l
A. MOBILE HOME	B. PRIVATE STRUCTURE	C. PERSONAL PROPERTY	D. ADDITIONAL LIVING EXPENSES	E. BODILY INJ PROPERT DAMAGE		ITS PRO	UNTARY PERTY MAGE	BASE PREMIUM
	10% OF A		20% OF A Or C		Each Persor \$2,500	n Occi	ach ırrence ,000.	\$
NOTE: TO QUALIFY FOR UP ELECTRICAL, ROOF AND HO MAXIMUM DISCOUNTS ALO	OT WATER TANK.	L OF THE FOLLOWING	MUST HAVE BEEN	UPGRADED IN T	IE LAST 15 YEA	RS: PLUMB	ING, HEAT	ING,
DISCOUNTS - **Discounts Ta	akan Eram Basa Bran	nium Only**						
		Quamo	<u>ations</u> s of Age, Homeownei	s and Tenants Pag	kages Only Hom	eowners Pack	rage Only	-
Mature Market Discount	15%		wners Package Only				age Only	
3 Years Claim Free Discount	10%	1986 or	Newer and Homeowr	ners Package Only	(Hydrant Protect	ed Only)		-
Factory Built Double Wide Disc	count 15%							-
Mobile Home Park Discount	Mobile Home Park Discount 10% Home Owners Package only with no Auxiliary Heat							-
Electric Heat Discount	5%							-
DEDUCTIBLE CHOICES	150 O							+
	50. Credit 100. Credit							-
•								
SURCHARGES: Auxiliary He	eating Surcharge \$65							
SPECIAL COVERAGES - Att	ach schodulo if annli					Insured Am	ount	+ Premium
SPECIAL COVERAGES – Att		cable	mium of \$25. applica	ble		Insured Am	ount	+ Premium
			mium of \$25. applica	ble		Insured Am	ount	
		cable	mium of \$25. applica	ble		Insured Am	ount	
REPLACEME	ENT COST ON CONTE	cable NTSAdditional Prei						Premium
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CONSENT: IN ACCORDANCE WITH THE ACT RESPECTING THE PROTECTION OF PERSONAL INFORMATION IN THE PRIVATE SECTOR

IF IT SHOULD BE NECESSARY FOR THE PURPOSE OF MY FILE, I, UNDERSIGNED, THE APPLICANT SPECIFICALLY CONSENT THAT MY BROKER AND MY INSURERS, FOR THE TIME REQUIRED TO FULFIL THEIR FUNCTIONS:

- (A) GATHER ALL THE PERTINENT NECESSARY INFORMATION FROM THE HOLDERS OF MY PRIOR INSURANCE FILES, INTERMEDIARIES IN THE INSURANCE INDUSTRY, INSURANCE COMPANIES, FINANCIAL INSTITUTIONS, CREDIT AGENCIES, GOVERNMENT RECORDS ESTABLISHING DRIVING EXPERIENCE, PREVENTION, DETECTION OR REPRESSION OF CRIME AGENCIES AND INSTITUTIONS THAT GATHER AND COMPILE DATA ON INSURANCE RISKS AND LOSSES.
 - -FOR THE PURPOSE OF ESTABLISHING THE PREMIUM AND THE ASSESSMENT OF RISK; AND, (IF YOU WOULD LIKE TO CONSENT NOW)
 - -FOR THE PURPOSE OF VERIFICATION, ASSESSMENT AND THE SETTLEMENT OF LOSSES;

FUTHERMORE, I AUTHORIZE MY BROKER TO SIGN ON MY BEHALF ANY REQUEST OR FORM THAT MAY BE NECESSARY IN ORDER TO GATHER INFORMATION CONCERNING ME.

(B) DISCLOSURE, IN THE CASE OF MY BROKER, THE INFORMATION OBTAINED TO INSURERS WITH WHOM HE IS DOING BUSINESS; WHEN IT IS MY INSURERS, TO INSTITUTIONS THAT GATHER AND COMPILE DATA ON INSURANCE RISKS AND LOSSES AND PREVENTION, DETECTION OR REPRESSION CRIME AGENCIES. SOLEY THE EMPLOYEES, MANDATORIES OR REPRESENTATIVES OF MY BROKER, INSURERS OR OF INSTITUTIONS REFERRED TO IN THIS PARAGRAPH WILL HAVE ACCESS TO THIS INFORMATION WHEN REQUIRED WITHIN THE EXECUTION OF THEIR FUNCTIONS.

FUTHERMORE, I CONSENT THAT HOLDERS OF INFORMATION CONCERNING ME AND COVERED BY THE PRESENT CONSENT BE RELEASED FROM THEIR CONFIDENTIALITY UNDERTAKING AND THAT THEY CONVEY THE REQUIRED INFORMATION TO MY BROKER, MY INSURERS, THEIR EMPLOYEES, TRAINEES OR REPRESENTATIVES.

I ACKNOWLEDGE HAVING BEEN INFORMED OF MY RIGHT TO ACCESS TO INFORMATION OBTAINED BY VIRTUE OF THE PRESENT CONSENT AND TO HAVE IT CORRECTED, IF NEED BE.

FURTHERMORE, I ACKNOWLEDGE HAVING BEEN INFORMED THAT I MAY ADDRESS ALL QUESTIONS REGARDING THE PRESENT CONSENT TO MY BROKER AND/OR MY INSURERS, THEIR EMPLOYEES, TRAINEES OR REPRESENTATIVES.

THIS INSURANCE APPLICATION IS CONSIDERED TO INCLUDE ALL PROVISIONS FOR ALL FORMS TO BE ISSUED IN ACCORDANCE WITH THIS CONTRACT.

THE TOTAL ESTIMATED POLICY PREMIUM IS SUBJECT TO ADJUSTMENT TO THE INSURER'S MANUAL PREMIUM FOR THE RISK.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT	DATE
NAME OF PRODUCER:			
SIGNATURE OF PRODUCER:			DATE: