



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 /year						Date of Birth: /month /date /year		
Occupation: _____						Occupation: _____		
Employer: _____ Length of Employment: _____						Employer: _____ Length of Employment: _____		
POSTAL ADDRESS						LEGAL ADDRESS or ADDRESS OF RISK (if different from postal)		
	MONTH	DAY	YEAR		MONTH	DAY	YEAR	
POLICY PERIOD FROM				TO				12:01 a.m., Standard Time at the Postal Address of the named insured as stated herein.

DESCRIPTION OF MOBILE HOME								
Age _____		Manufacturer/Model: _____			Serial #: _____		Size: _____	
Distance to fire hydrant _____ (1000 ft or 305 m)		Owner Occupied		Name and Address of LOSS PAYEE:				
Distance to Fire Hall _____		Tenants Package		MANDATORY: (Must be fully skirted, on blocks and have tie-downs) Fully Skirted? Yes No On Blocks? Yes No Tie-downs? Yes No On Foundation				
Fire Hall Name _____		Rented to Others						
Unprotected		Seasonal						
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 Yes (COMPLETE QUESTIONNAIRE - AUXILLIARY HEATING & ATTACH PHOTO)				
Electric Wood or Coal Burning System								
Gas Propane Other (specify)								
Original Roof Replacement Date:		Original Hot Water Tank Replacement Date:		Original Oil Tank Replacement Date:		Original Plumbing Replacement Date:		
Original Furnace Replacement Date:		Original Wiring Replacement Date:		Amp Service:		Fuses: Ordinary Tamper Proof Circuit Breakers		

PREVIOUS INSURANCE HISTORY			
Give details of Previous Losses – (Past 5 Years):			Give details of Insurance that has been Cancelled or Declined:
Previous Insurer: _____			
Policy Number: _____ Premium: _____			

METHOD OF PAYMENT <input type="checkbox"/> Broker Bill <input type="checkbox"/> Monthly Payments	REMINDER: Please attach a recent original photo of Mobile Home (including outbuildings). If Policy is on Monthly Pay; include First and Last Months Deposit, Void Check and signed Authorization Form.
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“BROKERS DO NOT HAVE BINDING AUTHORITY”

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: _____