

## Tiny Home Application

Broker Information					
Brokerage Name:					
Brokerage Address:					
Contact Name:					
Contact Phone and Email:					
Insured Information					
Insured(s) Name:					
Mailing Address:					
Location Address(es):					
Date of Birth and Occupation:					
Have You Had Previous Insurance:		Yes	No	Insurer:	
Has Any Policy Been Cancelled, Declined or Renewal Refused in the Past 5 Years:				Yes	No
Have There Been Any Losses or Claims in the Past 5 Years and Details:					
How Will This Unit Be Used:		Primary Residence		Secondary Residence	
Recreational/Seasonal by Owner		Long Term Rental		Short Term Rental	
Office/Commercial/Farm/Other Business		Vacant/Unoccupied		Other	
Risk Information					
How Was This Unit Built:		Professionally/Factory Built		Self-Built	
		Combination of Self/Professionals		Other	
If Combination or Self-Built, was all Electrical, Heating, Plumbing, Roofing Installed by Licensed Contractor?					
		Yes	No		
Manufacturer:			Model:		
Year Built:			Number of Stories or Levels:		
Length (feet):			Width (feet):		
Total Living Area (square feet):					
Garage/Carport:			Deck:		
Is the Unit Permanently Parked and Skirted or Mobile:					
Type of Skirting:					
Within 300 meters of hydrants:		Yes	No	Within 8 km of firehall:	
				Yes	No
Smoke Detectors:		Yes	No	Fire Extinguishers:	
				Yes	No



<b>Alarm System:</b>	Fire	Burglary	Water	GPS	Local or Monitored:
<b>Primary Heating Type:</b> (Include supplement if oil or wood heat)			<b>Auxillary Heating Type:</b>		
<b>Plumbing:</b>					
<b>Type and Age of Water Heater:</b>					
<b>Grey/Black Water Disposal:</b>					
<b>Electrical (Wiring):</b>			<b>Amperage:</b>		
<b>Description of Outbuildings:</b>					
<b>Overall Condition of Unit:</b>		Poor	Average	Good	Excellent
<b>Overall Housekeeping of Unit:</b>		Poor	Average	Good	Excellent
<b>Photographs Included:</b>		Yes	No		
<b>Mortgagee/Loss Payee Name and Address:</b>					
<b>Valuation</b>					
<b>Value of Tiny Home (Total Replacement Cost Value including any attached structures, delivery, installation and taxes):</b>					
<b>Personal Property Limit:</b>					
<b>Value of Any Detached Structured on Premises: (eg. Carport, garage, deck, other outbuildings):</b>					
<b>Liability Limit:</b>					
<b>Additional Information</b>					
<b>Signatures</b>					
Signature of applicant:				Date:	
Signature of broker:				Date:	

Where (a) an Applicant for this contract gives false particulars to the prejudice of the Insurance Company or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.