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|---|---|--|--|
| <input type="checkbox"/> NEW POLICY | | <input type="checkbox"/> REPLACING POLICY _____ | |
| <input type="checkbox"/> CHANGE OF INSURANCE: Mark changes with an "X". | | POLICY NUMBER _____ | |
| FULL NAME AND POSTAL ADDRESS OF THE APPLICANT (S) | | NAME AND ADDRESS OF AGENT/BROKER | |
| POSTAL CODE _____ | | AGENCY NO. _____ | |
| Policy Period from | DAY MONTH YEAR | to | DAY MONTH YEAR |
| | | | 12:01 a.m. Standard Time at the address of the Named Insured stated above |
| Location 1. PRINCIPAL RESIDENCE <input type="checkbox"/> Address same as above or (include Postal Code) | | Location 2. SECONDARY OR SEASONAL RESIDENCE | |
| Loss Payee (s) Name, Address & Postal Code | | Applicable To | Loc. 1 Loc. 2 Nature of Interest |
| | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | | <input type="checkbox"/> <input type="checkbox"/> |
| NOTE: COPY OF ALARM MONITORING CERTIFICATE REQUIRED FOR BURGLAR ALARM DISCOUNT | | | |
| UNDERWRITING INFORMATION – If more than two locations, complete and attach a second application. | | | NAME 1: |
| OCCUPANCY | LOC. 1 LOC. 2 | STRUCTURE TYPE LOC. 1 LOC. 2 | PROTECTION LOC. 1 LOC. 2 |
| Single Family Owner Occupied | <input type="checkbox"/> <input type="checkbox"/> | Detached <input type="checkbox"/> <input type="checkbox"/> | Within 1,000 ft. of a hydrant <input type="checkbox"/> <input type="checkbox"/> |
| Tenant Occupied | <input type="checkbox"/> <input type="checkbox"/> | Town-/Rowhouse <input type="checkbox"/> <input type="checkbox"/> | Within 5 miles of a Responding Fire Hall <input type="checkbox"/> <input type="checkbox"/> |
| Seasonal Residence | <input type="checkbox"/> <input type="checkbox"/> | Duplex <input type="checkbox"/> <input type="checkbox"/> | Unprotected <input type="checkbox"/> <input type="checkbox"/> |
| Total number of Families _____ | | Other (specify) <input type="checkbox"/> <input type="checkbox"/> | |
| Other (Please specify) _____ | | | |
| IF NO HOME EVALUATOR, BUILDING INFORMATION MUST BE COMPLETED ON REVERSE. | | | |
| IS THERE A SOLID FUEL BURNING APPLIANCE IN THE DWELLING OR ATTACHED GARAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, see reverse side) | | | |
| PRINCIPAL RESIDENCE: COVERAGES AND LIMITS | | | DEDUCTIBLE PREMIUM |
| <input type="checkbox"/> Homeowners <input type="checkbox"/> Tenants <input type="checkbox"/> Condominium | SEC. I A | DWELLING/BUILDING B | DETACHED PRIVATE STRUCTURES C |
| <input type="checkbox"/> Comp. Form/Sask "D" <input type="checkbox"/> Broad Form/Sask "K" <input type="checkbox"/> Sask "B" <input type="checkbox"/> Named Perils Form | SEC. II E | LEGAL LIABILITY F | MEDICAL PAYMENTS G |
| <input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Preferred Plus | \$ | \$5,000 PER PERSON | \$1,000 EACH OCCURENCE |
| <input type="checkbox"/> RENTED DWELLING | <input type="checkbox"/> SEASONAL RESIDENCE: COVERAGES AND LIMITS | | |
| DWELLING BUILDING | OUTBUILDINGS (Describe on reverse if more than 10% of Bldg. Amt.) | TYPE OF COVERAGE <input type="checkbox"/> Fire & E.C. <input type="checkbox"/> Vandalism-Seasonal | PERSONAL PROPERTY TYPE OF COVERAGE <input type="checkbox"/> Fire & E.C. <input type="checkbox"/> Vandalism-Seasonal <input type="checkbox"/> Burglary & Robbery <input type="checkbox"/> All Risk |
| Loc. 2 \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> DWELLING UNDER CONSTRUCTION | Dwelling Building \$ _____ CGL Limit \$1,000,000 or \$ _____ | | |
| <input type="checkbox"/> GRC Required <input type="checkbox"/> Principal Residence <input type="checkbox"/> Rented Dwelling Attach completed Home Evaluator for each. <input type="checkbox"/> Personal Articles Floater – "all risk" – see reverse – Total amount of insurance: \$ _____ <input type="checkbox"/> Boat and Motor Floater – "all risk" – see reverse – Total amount of insurance: \$ _____ <input type="checkbox"/> Glass (loc.) _____ <input type="checkbox"/> Additional Liability Exposures – please specify _____ <input type="checkbox"/> Other – please specify _____ | | | |
| ADDITIONAL LIABILITY EXPOSURES – all questions must be answered | | | TOTAL |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you conduct any business on your Premises? What type of business? _____ (Furniture, Fixtures and Stock must be specifically insured – Complete a Home Business Extension Application) <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own any Watercraft? Size of Motor _____ H.P. Length of Boat _____ ft. <input type="checkbox"/> Outboard <input type="checkbox"/> Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a Swimming Pool on your Property? Max. Depth _____ ft. Is the pool fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own any Saddle Animals? If Yes, how many? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own any dangerous or vicious animals? If so, what types: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any suites in your home rented to others? If Yes, how many? _____ | | | |
| THE FOLLOWING MUST BE ANSWERED IN ALL CASES. | | | |
| PLEASE PROVIDE US WITH THE INSURED'S PRIOR ADDRESS IF THEY HAVE MOVED WITHIN THE LAST FIVE YEARS. | | | |
| DO WE HAVE OTHER INSURANCE FOR THIS APPLICANT? If so, state policy number(s) _____ | | | |
| PROVIDE DETAILS OF ANY LOSSES OR CLAIMS WHICH HAVE OCCURRED DURING THE LAST 5 YEARS. IF NONE, PLEASE SO INDICATE. | | | NAME OF PREVIOUS INSURER: |
| HAS ANY FORM OF INSURANCE ON YOUR PROPERTY EVER BEEN CANCELLED, DECLINED OR HAS RENEWAL BEEN REFUSED OR SPECIAL/RESTRICTIVE TERMS IMPOSED? NO <input type="checkbox"/> YES <input type="checkbox"/> | | | |
| IF YES, PROVIDE DETAILS: _____ | | | |
| <small>Where (a) an Applicant for a contract, (i) gives false particulars to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact 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 under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.</small> Consent 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. | | | |
| SIGNATURE OF APPLICANT _____ | | | DATE (D/M/Y) _____ |
| TO BE COMPLETED BY AGENT: | | | |
| Is this applicant's property insurance new to your office? <input type="checkbox"/> No <input type="checkbox"/> Yes Have you seen this property? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? (y/m/d) _____ | | | |
| Condition of property (including outbuildings) _____ | | | |
| Do you recommend this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | | | |
| SIGNATURE OF AGENT/BROKER _____ | | | DATE (D/M/Y) _____ |

UNDERWRITING INFORMATION

THE FOLLOWING MAY BE OMITTED ONLY IF G.R.C. CALCULATOR IS COMPLETED.

| DWELLING TYPE | | CONSTRUCTION | | TOTAL GROUND FLOOR AREA | BASEMENT | LOC. 1 | LOC. 2 | GARAGE | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| LOC. 1 | LOC. 2 | LOC. 1 | LOC. 2 | | Full | <input type="checkbox"/> | <input type="checkbox"/> | LOC. 1 | LOC. 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Loc. 1 _____ sq. ft. | Partial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Loc. 2 _____ sq. ft. | None | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Finished Area: | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Loc. 1 _____ sq. ft. | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Loc. 2 _____ sq. ft. | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

IF BUILDING IS OLDER THAN 25 YEARS, THE FOLLOWING MUST BE COMPLETED.

| YEAR BUILT | | IF BUILDING OLDER THAN 25 YEARS, HAS | | | | HEATING | | | | |
|------------|--------|--------------------------------------|--|-------------|-------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| LOC. 1 | LOC. 2 | | | LOC. 1 | LOC. 2 | Primary | | Auxiliary | | |
| | | A. Electrical been renewed | <input type="checkbox"/> Full <input type="checkbox"/> Partial | Year: _____ | Year: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Gas Furnace (central) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | B. Plumbing been renewed | <input type="checkbox"/> Full <input type="checkbox"/> Partial | Year: _____ | Year: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Oil Furnace (central) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | C. Heating been renewed | <input type="checkbox"/> Full <input type="checkbox"/> Partial | Year: _____ | Year: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Electric | <input type="checkbox"/> | <input type="checkbox"/> |
| | | D. Roof been renewed | <input type="checkbox"/> Full <input type="checkbox"/> Partial | Year: _____ | Year: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Combination Furnace | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | Add-on unit | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | Space heater | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | *Solid fuel burning appliance | <input type="checkbox"/> | <input type="checkbox"/> |

*** TO BE COMPLETED IF SOLID FUEL USED**

| INSTALLED BY | | CHIMNEY CONST. | DATE LAST CLEANED | LOC. 1 LOC. 2 | |
|--------------|--|----------------|-------------------|---|--|
| LOC. 1 | Self <input type="checkbox"/> Prof <input type="checkbox"/> Other <input type="checkbox"/> | | | No. of days per week used during heating season _____ | |
| LOC. 2 | Self <input type="checkbox"/> Prof <input type="checkbox"/> Other <input type="checkbox"/> | | | No. of hours per day used during heating season _____ | |

*** IF SOLID FUEL IS USED FOR PRIMARY OR SECONDARY HEATING, COMPLETE A SOLID FUEL BURNING QUESTIONNAIRE AND SUBMIT WITH PHOTO. IF THE QUESTIONNAIRE DOES NOT ACCOMPANY THIS APPLICATION OR IF THE APPLIANCE OR CHIMNEY IS NON-APPROVED, THE INSURED MUST SIGN THE FOLLOWING WARRANTY: (See rate manual re. non-approved)**

WOOD STOVE WARRANTY

IT IS WARRANTED THAT A SOLID FUEL BURNING APPLIANCE WILL NOT BE USED ON THE PREMISES.

INSURED'S SIGNATURE

SCHEDULE OF PERSONAL ARTICLES (Appraisals necessary for jewellery, furs, fine arts)

| Item No. | Description | Amount | Rate | Premium |
|----------|-------------|--------|------|---------|
| | | | | |
| | | | | |
| | | | | |

BOAT AND/OR MOTOR outboard inboard/outboard inboard other (specify):

| | | | | | | | |
|------|--------------|--------|------------|------|-------|------|---------------------|
| Year | Manufacturer | Length | Serial No. | H.P. | Speed | DED. | Amount of Insurance |
|------|--------------|--------|------------|------|-------|------|---------------------|

BOAT

MOTOR

ACCESSORIES e.g. oars, anchors, seat cushions, life preservers, tarpaulins, extra fuel tanks – include value in amount of insurance on boat.

| | | |
|---------------------------|------|---------|
| TOTAL AMOUNT OF INSURANCE | RATE | PREMIUM |
|---------------------------|------|---------|

REMARKS