



<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
Seasonal Residence Address (Include Postal Code)		PROTECTION	LOC. 1 LOC. 2
		Within 1,000 ft. of a hydrant	<input type="checkbox"/> <input type="checkbox"/>
		Within 5 miles of a responding Fire Hall	<input type="checkbox"/> <input type="checkbox"/>
		Unprotected	<input type="checkbox"/> <input type="checkbox"/>
Loss Payee (s) Name, Address & Postal Code		Nature of Interest	
DWELLING TYPE	CONSTRUCTION	TOTAL GROUND FLOOR AREA	BASEMENT
<input type="checkbox"/> One Storey <input type="checkbox"/> Two Storey <input type="checkbox"/> 1 ½ Storey <input type="checkbox"/> Split Level <input type="checkbox"/> Bi-level <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Masonry <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Log <input type="checkbox"/> _____	_____ sq. ft.	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Finished Area: _____ sq. ft.
GARAGE			
<input type="checkbox"/> Built in <input type="checkbox"/> Detached <input type="checkbox"/> One Car <input type="checkbox"/> Two Car <input type="checkbox"/> Three Car			
YEAR BUILT	IF BUILDING OLDER THAN 25 YEARS, HAS:		HEATING
	A. Electrical been renewed Full <input type="checkbox"/> Partial <input type="checkbox"/> Year: _____ B. Plumbing been renewed Full <input type="checkbox"/> Partial <input type="checkbox"/> Year: _____ C. Heating been renewed Full <input type="checkbox"/> Partial <input type="checkbox"/> Year: _____ D. Roof been renewed Full <input type="checkbox"/> Partial <input type="checkbox"/> Year: _____		Primary <input type="checkbox"/> Gas or furnace (central) <input type="checkbox"/> Electric <input type="checkbox"/> Combination Furnace <input type="checkbox"/> Add-on unit <input type="checkbox"/> Space Heater <input type="checkbox"/> Solid fuel burning appliance Auxiliary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SEASONAL RESIDENCE:		COVERAGES AND LIMITS				DEDUCTIBLE	PREMIUM
RATING TERRITORY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SEC. I	A DWELLING/ BUILDING	B DETACHED PRIVATE STRUCTURES	C PERSONAL PROPERTY	D ADDITIONAL LIVING EXPENSES RENTAL VALUE		
<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		\$	10% OR \$	50% OR \$	25% OF A.		
<input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Preferred Plus	SEC. II	E LEGAL LIABILITY	F MEDICAL PAYMENTS				
ADDITIONAL COVERAGES							
<input type="checkbox"/> Replacement Cost Plus on Building. Attach completed Home Evaluator							
<input type="checkbox"/> BOAT AND/OR MOTOR <input type="checkbox"/> outboard <input type="checkbox"/> inboard/outboard <input type="checkbox"/> inboard <input type="checkbox"/> other (specify):							
Year Manufacturer Length Serial No. Speed H.P. Amt. 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							
<input type="checkbox"/> Other – please specify							
<input type="checkbox"/> Additional Liability exposures – please specify							

ADDITIONAL LIABILITY EXPOSURES – all questions must be answered

Yes No Do you own any Watercraft? Size of Motor _____ H.P. Length of Boat _____ ft. Outboard Other _____

Yes No Is there a Swimming Pool on your Property? Max. Depth _____ ft. Is the pool fenced? Yes No

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 INVOLVING ANY SEASONAL PREMISES OR PROPERTY USED ON A SEASONAL BASIS. IF NONE, PLEASE SO INDICATE.	NAME OF PREVIOUS INSURER
	POLICY NO.

HAS ANY FORM OF INSURANCE ON YOUR PROPERTY EVER BEEN CANCELLED, DECLINED OR HAS RENEWAL BEEN REFUSED OR SPECIAL/RESTRICTIVE TERMS IMPOSED? IF SO, PROVIDE DETAILS:

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.

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? No Yes Have you seen this property? No Yes If yes, when? (y/m/d) _____

Condition of property (including outbuildings) _____

Do you recommend this risk: Yes No

H55 (01/06) Signature of Agent/Broker Date (d/m/y)