

Seasonal Dwelling Application

Page 1 of 1

NAME OF INSURED:	<input type="checkbox"/> QUOTE ONLY <input type="checkbox"/> PLEASE BIND		
MAILING ADDRESS:	City:	Prov:	PC:
LOCATION OF RISK:	City:	Prov:	PC:
PRINCIPALS (if in a company name):			
MORTGAGEES (name & address in payment order):			
BUILDING DETAILS:			
FIRE PROTECTION:	Hydrant: Within 300m? <input type="checkbox"/> YES <input type="checkbox"/> NO	Fire Hall: Within 8km? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
CONSTRUCTION:	<input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Stone <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Others (Please describe)		
FOUNDATION:	<input type="checkbox"/> Concrete/Poured Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Post & Pier <input type="checkbox"/> Preservative – Treated Lumber		
AGE OF BUILDING:	NO. OF UNITS:	NO. OF OCCUPANTS:	NO. OF STORIES:
Is each unit a self-contained suite? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does property have fire extinguishers? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Operable smoke detectors? <input type="checkbox"/> YES <input type="checkbox"/> NO	Operable sprinklers? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ELECTRICAL SYSTEM: <input type="checkbox"/> 60AMP <input type="checkbox"/> 100AMP <input type="checkbox"/> 200AMP <input type="checkbox"/> CB's <input type="checkbox"/> Fuses <input type="checkbox"/> Aluminum Wiring <input type="checkbox"/> Knob & Tube Wiring (location):			
PLUMBING (type):	AGE OF ROOF:		
If Oil is used, please attach Oil Tank Questionnaire and photos of oil tank(s).			
Does property have a central heating system? <input type="checkbox"/> YES <input type="checkbox"/> NO Type:			
Is there a solid fuel heating unit? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, please attach Questionnaire).			
UPDATE INFO (YEAR):	Electrical:	Heating:	Plumbing: Roof:
Please check the months that the residence is occupied:			
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December			
Is the Residence rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No		How often is property rented? Specify what months:	
Who is responsible for property maintenance?			
How often is property inspected?		How often Owner visits property?	
Who is the unit rented to? <input type="checkbox"/> Families <input type="checkbox"/> Students <input type="checkbox"/> Repeat clients			
Written Rental Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		Rental charge per week? \$	
Is there a fire pit on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a playground on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is watercraft included in rental? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any bike rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any other buildings on the lot? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate type of building: <input type="checkbox"/> Garage <input type="checkbox"/> Shed <input type="checkbox"/> Boat House <input type="checkbox"/> Guest House <input type="checkbox"/> Other:			
Is the property inaccessible by road or cut-off during the winter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are any renovations being performed on the buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom?			
Please provide budget and extent of renovation:			
Has Broker seen the risk? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would broker recommend writing this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Insurer:		Policy Number: Expiring Premium: \$	
Five (5) Year Loss history (date; paid/estimated amount; cause; open/closed)?			
Target Premium: \$			
LIMITS OF INSURANCE:	Building: \$	Contents: \$	Rent: \$ (100% Co.) Liability (OLT): \$

Current Photos (front & back) required prior to binding

PLEASE READ BEFORE SIGNING

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

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 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.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL HAS ISSUED A BINDER NUMBER.

Signature of Applicants:	Date:
Signature of Broker:	Date:
Broker Firm:	Broker AGT #:
Broker Email:	Tel: Fax #: