

Name of Applicant: _____ Quote Bind

Risk Location: _____ City: _____ Prov: _____ P.C.: _____

How do you advertise and/or book? _____

Describe what portion of the home, or entire home, is being rented: _____

Do you provide any food or beverage to the tenants: Yes No*(If yes, explain):* _____Do you include access or use of any bicycles, watercraft and motorized vehicles? Yes No*(If yes, explain):* _____

Anticipated maximum rental income you will derive in: _____ per month: _____ 12 months: _____

Do you require loss of rental income coverage? Yes No

If yes, limit required - Max limit per month: \$ _____ Max limit per 12 months: \$ _____

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.

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

Signature of Applicants: _____ Date: _____

Signature of Broker: _____ Date: _____

Broker Name & City: _____ Broker Email: _____

Broker Tel: _____ Return Fax: _____

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