

Name of Applicant(s): \_\_\_\_\_

QUOTE  PLEASE BIND

Requested Eff. Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Fire Protection: Distance to Fire Hydrant: \_\_\_\_\_

Distance to Fire Hall: \_\_\_\_\_

Paid  Volunteer

**Heating:**

**Structure / Type:**

**Construction:**

Furnace Central

Highrise

Fire Resistive

Oil Furnace (Requires Oil Questionnaire)

Townhouse

Concrete

Solid Fuel Heating (Requires Questionnaire)

Rowhouse

Masonry

Wood Furnace (Requires Questionnaire)

Triplex

Frame

Electric Baseboard

Duplex

Log

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Year Built: \_\_\_\_\_

Occupancy:  Primary  Secondary  Other (details required): \_\_\_\_\_

Dwelling Updates: List / date any upgrades or maintenance done: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Heating: \_\_\_\_\_

Electrical: \_\_\_\_\_

Roof: \_\_\_\_\_

Personal Property Limit: \$ \_\_\_\_\_ (\$75,000 Max for Fire Resistive, \$50,000 Max for Other)

Reason standard market chose not to write/renew (required): \_\_\_\_\_

List all Claims and/or Losses in the past five years by applicant(s) or other household members (Date, Description, Paid Amount, Open/Closed?)

**To Be Answered By All Applicants:**

Have you had more than one fire loss in the last five years?

YES  NO

Have you had any losses caused by arson?

YES  NO

During the last 12 months, how long have you been continuously employed?

\_\_\_\_\_ months

Do any business pursuits take place on the premises?

YES  NO

Is the unit attached to any commercial exposure? If yes, describe:

YES  NO

Have you ever had insurance cancelled **mid-term**? If yes, describe:

YES  NO

Has your insurance been cancelled due to non-payment on more than one occasion?

YES  NO

Are there more than two unrelated individuals living on the premises? If yes, describe:

YES  NO

Previous Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiring Premium \$ \_\_\_\_\_

Is the client new to your office?

YES  NO

Has broker visited the property?

YES  NO

Would broker recommend the risk?

 YES  NO**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER MARINE HAS ISSUED A BINDER NUMBER.****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.

Signature of Applicant(s):

Date:

Signature of Applicant(s):

Date:

Signature of Broker:

Date:

Broker Name &amp; City:

Broker Email:

Broker Tel:

Return Fax:

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