

HIGH VALUE HOME APPLICATION

NAME OF APPLICANT(S): _____

QUOTE ONLY **PLEASE BIND**

Requested Eff. Date: _____

Mailing Address: _____

City: _____

Prov.: _____

P.C: _____

Location Address: _____

City: _____

Prov.: _____

P.C: _____

Date(s) of Birth: _____

How many years have you resided in Canada? _____ How long have you lived at this location? _____

Occupation(s): _____

Are there any business pursuits or activities on the premises? Yes No (Details required)

MORTGAGEES: – Mortgagees/ Loss payees/ Additional interest and other interested parties (name and address)

Are any of your mortgages/liens/encumbrance payments in arrears? Yes No

FIRE PROTECTION: Distance to Fire Hydrant: _____ Distance to Fire Hall: _____ Paid Volunteer

Primary Secondary Seasonal Vacant/Unoccupied Rented Under Construction/Reno

Number of Families: _____ Number of Units/Suites: _____

Are there any roomers, boarders or tenants on premises? Yes No (Details required)

STRUCTURE/TYPE:

Year Built: _____ Sq. Footage: _____

Detached Duplex Triplex

CONSTRUCTION:

Brick Frame Stone Masonry Log Other: _____

HEATING

Natural Gas Electric Oil must provide Oil Tank Questionnaire & photo)

Solid Fuel Heating Type (Aux or Primary) : must provide photo & Questionnaire)

UPDATE INFO:

Heating: _____

Electrical: _____

Plumbing: _____

Roof: _____

PROTECTION SYSTEMS:

Describe any fire or burglary protection systems and confirm they are in good working order and have a maintenance agreement:

LIMITS OF INSURANCE

\$ **Building** (limit must not be less than 100% of estimated replacement cost value)

\$ **Detached Buildings and Structures**

\$ **Personal Property** (unscheduled)

\$ **Additional Living Expenses** **Requested Deductible:** _____

\$ **Liability Insurance** (Basic Limit)

SCHEDULED PERSONAL ARTICLES (i.e. Jewellery, Fine Arts) (Please submit detailed list of articles to be scheduled – attach separate sheet if needed)

(Total Value): \$ _____

EARTHQUAKE PROTECTION: Yes No **Requested Deductible** _____ %

ADDITIONAL LIABILITY EXPOSURES / ADDITIONAL INFORMATION

Please disclose all other facts which may have influence on the acceptance or assessment of this application:

LOSS EXPERIENCE:

Please describe all property and liability losses or claims by applicant(s) or household members during last 5 years (Date, Amount Paid/Reserved, Open/Closed, Cause of Loss etc):

PREVIOUS INSURER & POLICY NUMBER(S):

Has any Insurer cancelled, declined or refused to quote or renew insurance? Yes No

If yes, please provide details:

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 PREMIER HAS ISSUED A BINDER NUMBER.

Signature of Applicant(s):	Date:
Signature of Broker:	Date:
Broker Firm:	Broker AGT #:
Broker Email:	Phone: Fax:

Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region – please refer to specific quote of declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizpersonal@premiergroup.ca **			
Vancouver	- T 604.669.5211	F 604.669.2667	London - T 519.850.1610 F 519.850.1614