

SEASONAL DWELLING APPLICATION

APPLICANT QUOTE ONLY PLEASE BIND

Name Of Applicant(s):

Are there more than 2 registered owners? YES NO

Risk Location Address: City: Prov: PC:

DWELLING

Year Built:

Type of Building:

- Detached Home Duplex or Triplex Semi-Detached Fourplex Townhouse/Row House (part of structure less than 6 units)
- Mobile Home (fully blocked, skirted + connected to utilities) Other (describe):

Construction:

- Concrete Block/Masonry Stucco – Wood Frame Vinyl Siding – Wood Frame
- Wood Siding – Wood Frame Concrete Fiberboard – Wood Frame Brick Veneer – Wood Frame
- Stone Veneer – Wood Frame Solid Log Solid Brick Solid Stone Other (describe):

Foundation: Concrete Brick Stone Post & Pier Treated Lumber

Square Footage: No. of Stories: Number of Self-Contained Units/Suites:

Electrical System Details (check all that apply): Circuit Breakers Fuses Aluminum Knob & Tube

How many amps is the electrical system? Less than 100Amps 100 Amps Over 100 Amps

Year of last major update to the electrical system:

Type of Plumbing: Copper Galvanized Steel Cast Iron Polybutylene

Year of last major update to the plumbing system:

Roof Material: Asphalt Shingles Clay Tile Cedar Shakes Metal Tar & Gravel

Year of Roof Update:

HEATING: Note: if there is an oil tank or wood heat, an Oil Tank or Wood Heat Questionnaire is required.

Primary Heat: Primary Heat Fuel Type:

Auxiliary Heat: Auxiliary Heat Fuel Type:

If Applicable: Annual Wood Cords Burned:

If Applicable: Oil Tank Location: Year Installed: Oil Containment System? YES NO

Does the property have operational smoke detectors? YES NO

Who is responsible for the care and maintenance of the property?

- Insured Neighbor Property Manager Friend/Relative Tenant Other (describe):

Distance to Fire Hydrant: Distance to Firehall:

Any losses, insured or otherwise, at this location in the past 5 years? YES NO

If yes, please provide details:

Number of liens/encumbrances/mortgages: 1 2 3 4

Are there any business or farming pursuits on premises? YES NO

If yes, please describe:

Has this risk been declined, refused or cancelled by another insurer? YES NO

If yes, please describe:

Is the building slated for demolition? YES NO

Will there be any renovations? YES NO

If applicable, what is the budget for renovations?

If applicable, will there be any structural renovations? YES NO

If yes, please describe:

General Renovation Details:

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Is the property inaccessible by road or cut-off during the winter? YES NO

Is the residence rented to others? YES NO

If yes, what is the annual duration? Weeks(between 1-52)

If applicable, Minimum Rental Arrangements for this property:

1 year commitment Monthly Weekly Daily Other (describe):

If applicable, please check the months that the residence is occupied by tenants:

January February March April May June July August September October November December

If applicable, Tenant Details:

Single family per self-contained unit/suite Students More than 2 unrelated tenants Roomers / Boarders
 Rooming House Vacation Rental Other (describe):

Describe screening process for selection of prospective tenants:

If applicable, is motorized watercraft included in the rental? YES NO

COVERAGES - LIMITS

Dwelling Building: Outbuilding: Contents:
Premises Liability: Rental Income: Deductible:

INFORMATION REQUIRED UPON BINDING:

Requested Effective Date: Principal(s) if applicable:
Postal Address: City: Prov: PC:
Loss Payable(s) Name & Address:

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 OR POLICY DOCUMENTS.

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

Premier Canada Assurance Managers Ltd. 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 for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizpersonal@premiergroup.ca ****
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