



# HABITATIONAL INSURANCE APPLICATION

LOCATION #:  
PREMIUM TABLE:  
TOWN ID CODE:

**RISK LOCATION**

RISK LOCATION IF DIFFERENT FROM APPLICANT'S ADDRESS

**LOSS PAYEE**

NAME, ADDRESS AND POSTAL CODE

NATURE OF INTEREST

LEGAL DESCRIPTION

**RATING INFORMATION SECTION**

OCCUPANCY		STRUCTURE TYPE		HEATING		FUEL	PRI-MARY	AUX-ILIARY	YEAR BUILT:				
PRIMARY		DETACHED		FURNACE (CENTRAL)					RENOVATION UPDATE	FULL	PARTIAL	YEAR	
SECONDARY		SEMI-DETACHED		COMBINATION WITH WOOD					ELECTRICAL				
SEASONAL		TOWNHOUSE		COMBINATION WITHOUT WOOD					HEATING				
RENTAL		ROWHOUSE		FURNACE (CENTRAL) WITH ADD-ON WOODBURNING UNIT					PLUMBING				
VACANT		MOBILE HOME							ROOFING				
UNOCCUPIED		APT - # UNITS:		SPACE HEATER					IF PARTIAL UPGRADING, DESCRIBE IN REMARKS				
UNDER CONSTRUCTION		OR HIGHRISE		ELECTRIC					SECURITY SYSTEM	YES	NO	LOCAL	MON-ITORED
<b>CONSTRUCTION</b>		DUPLEX	TRIPLEX	FIREPLACE INSERT					FIRE				
FRAME		MULTI-PLEX		SOLID FUEL HEATING UNIT			YES	NO	BURGLAR				
BRICK VENEER		MERCANTILE		PROFESSIONAL INSTALLATION					SPRINKLER				
MASONRY		<b>PROTECTION</b>		SOLID FUEL QUESTIONNAIRE ATTACHED					SMOKE DETECTOR				
APT FIRE RESISTIVE		WITHIN 300 M OF HYDRANT		ULG, CSA OR WH APPROVED					TYPE - DESCRIBE IN REMARKS				
# STOREYS:		WITHIN 8 KM OF FIREHALL		OIL TANK	INSIDE		ABOVE GROUND		OTHER SECURITY				
GRND FLOOR AREA:		FIREHALL NAME:		AGE:	YRS	OUTSIDE	IN GROUND		NAME OF SECURITY COMPANY:				
SO/FT		M <sup>2</sup>	UNPROTECTED	OTHER									

**ADDITIONAL EXPOSURE INFORMATION**

EXPLAIN "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN "YES" RESPONSES IN REMARKS	YES	NO	REMARKS (CONTINUE IN REMARKS SECTION)
LOCATION RENTED TO OTHERS:			DAYCARE - # CHILDREN:			
# FAMILIES:			INCIDENTAL OFFICE USE?			
# ROOMS RENTED TO OTHERS:			COMMERCIAL OPERATIONS AT THIS LOCATION?			
# SADDLE/DRAFT ANIMALS:			ANY OTHER INCOME OPPORTUNITIES?			
ADDITIONAL RESIDENCES/PROPERTIES			IS THERE A CO-OCCUPANT WHO REQUIRES COVERAGE?			
# UNITS (INDICATE LOCATIONS IN REMARKS):			SWIMMING POOL			
MOBILE HOME PARK CODE:			OTHER EXPOSURES			
			# SERVANTS	IN:	OUT:	CHAUF: OCC'L: VOL COMP REQ'D:

**COVERAGE: FORMS, LIMITS & DEDUCTIBLES - Attach home evaluation (if applicable)**

PACKAGE NAME:		PACKAGE TYPE:			FORM NUMBER:		DEDUCTIBLE:	
<b>A</b> DWELLING BUILDING	<b>B</b> DETACHED PRIVATE STRUCTURE	<b>C</b> PERSONAL PROPERTY	<b>D</b> ADDITIONAL LIVING EXPENSES	<b>E</b> LEGAL LIABILITY	<b>F</b> VOLUNTARY MEDICAL PAYMENTS	<b>G</b> VOLUNTARY PROPERTY DAMAGE	<b>H</b> ESTIMATED PREMIUM	
\$	\$	\$	\$	\$	\$	\$	\$	

**ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)**

EXPLAIN "YES" RESPONSES IN REMARKS	YES	NO	ESTIMATED PREMIUM	REMARKS (CONTINUE IN REMARKS SECTION)
GUARANTEED REPLACEMENT COST - BUILDING				
REPLACEMENT COST ON CONTENTS				
CONDOMINIUM ADDITIONAL PROTECTION ENDORSEMENT				
SEWER BACK-UP				
EARTHQUAKE				
MASS EVACUATION				
RENTAL INCOME				
SINGLE LIMIT				

TOTAL ESTIMATED PREMIUM THIS PAGE: