

CSIO**HABITATIONAL INSURANCE APPLICATION
PART 1**

Language

 English French

Insurance Company (Insurer)	Policy Number	<input type="checkbox"/> New <input type="checkbox"/> Replacing Pol. No.	Number of Locations :
			Number of Attachments :

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

Residence Telephone		Business Telephone		Broker Client ID :	
Fax Number		Electronic Mail		Broker/Agent Code 2MIL300 Christie Mills Insurance Brokers Limited	
Policy Period FROM		TIME am pm		DATE Year / Month / Day	
TO 12:01 am				DATE Year / Month / Day	
				All times are local at the applicant's postal address stated herein	

2. APPLICANT DATA

Occupation:	Has Applicant changed address in last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Years Continuously Employed:	Date of Birth (YY/MM/DD):	If YES, provide previous address:
Co-Applicant's Occupation:		
Years Continuously Employed:	Date of Birth (YY/MM/DD):	

3. LOSS & POLICY HISTORY

Have there been any losses or claims by the Applicant or other member of the Applicant's household in the past 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details				
DATE	YYYY/MM/DD	Loc. #	Cause	Paid Amount	Estimated Amount	Insurance Company	Policy Number
Has any insurer cancelled, declined, or refused to renew or issue Habitational Insurance to the applicant within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No						Name of previous insurer:	
If yes, provide details: Insurer						Policy Number:	
<input type="checkbox"/> Cancelled <input type="checkbox"/> Declined <input type="checkbox"/> Lapsed Reason :						Expiry Date	
						For how many years has the applicant had insurance with any insurer ?	
List of Policy Numbers of other insurance with this Company:							

4. DISCOUNTS AND/OR SURCHARGES

Loc #	Dis.	Sur.	Type	%	\$	Not Incl. Yes No	Loc #	Dis.	Sur.	Type	%	\$	Not Incl. Yes No

5. PREMIUM SUMMARY AND METHOD OF PAYMENT The estimated insurance premiums are subject to adjustments to the Insurer's current manual rates.

Estimated Premium - All Pages	Number of Payments		Payment with Application	Financial Institution	
Provincial Tax (If applicable)	One	Two	Full Premium Paid	Acct#	Chq#
Handling Charge	Three	Monthly	Initial Payment	Date	Montly payments for mths @
Total Estimated Premium	Other (Explain)				

6. DISCLOSURE

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery if forfeited.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The Applicants agree that reports containing personal, credit, factual record, premium payment or claims history information may be sought or exchanged in connection with this application for insurance or renewal, extension, variation or cancellation thereof.

Signature of Applicant	DATE: Year / Month / Day
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BROKER / AGENT QUESTIONNAIRE

Is this business new to your Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you known the Applicant?	Have you bound this risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there special circumstances regarding this application which the company should know ?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you seen this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When?	Cond. of Prop.:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Remarks				

Signature of Broker/Agent :	DATE : Year / Month / Day
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CSIO

HABITATIONAL INSURANCE APPLICATION
PART 2 - LOCATION DATA (USE ADDITIONAL FORMS IF REQUIRED)

LOCATION#:
PREMIUM TABLE:
TOWN ID CODE:

8. RISK LOCATION IF DIFFERENT FROM APPLICANT'S ADDRESS LOSS PAYEE NAMES, ADDRESSES AND POSTAL CODES NATURE OF INTEREST
1
2
3
POSTAL CODE

9. RATING INFORMATION YEAR BUILT GROUND FLOOR AREA SQ. FT. SQ. M.
OCCUPANCY/ # OF FAMILIES # FIRE PROTECTION SECURITY SYSTEM Y N LOCAL MONITORED HEATING FUEL PRI-MARY AUX-ILIARY
PRIMARY UNPROTECTED FIRE FURNACE (CENTRAL)
SECONDARY WITHIN M OF HYDRANT MONITORED BY COMBINATION WITH WOOD
SEASONAL WITHIN KM OF FIREHALL BURGLAR COMBINATION WITHOUT WOOD
RENTAL NAME: MONITORED BY FURNACE (CENTRAL) WITH ADD-ON WOODBURNING UNIT
VACANT CONSTRUCTION SPRINKLER
UNOCCUPIED ASBESTOS SMOKE DETECTORS NO: HEAT PUMP
UNDER CONSTRUCTION BRICK TYPE: SPACE HEATER
OF STORIES CEMENT OTHER SECURITY ELECTRIC
STRUCTURE TYPE FRAME WALL FURNACE
DETACHED AGGREGATE RENOVATION UPGRADE FULL PART YEAR FIREPLACE INSERT
SEMI - DETACHED MASONITE ELECTRICAL SOLID FUEL HEATING UNIT Y N
TOWNHOUSE ALUMINIUM 100 AMPS BREAKERS FUSES PROFESSIONAL INSTALLATION
ROWHOUSE MASONRY OTHER(SPECIFY) SOLID FUEL QUESTIONNAIRE ATTACHED
PRE - FAB STONE HEATING ULC, CSA, WH OR ACNOR APPROVED
MOBILE HOME STUCCO PLUMBING ELECTRIC RADIANT HEAT CEILING
PARK CODE FIRE RESISTIVE COPPER % PLASTIC % OTHER % SIZE: MAKE: YEAR:
OTHER STEEL ROOFING OIL TANK: INSIDE ABOVE GROUND
APT. # OF UNITS MASONRY VENEER TYPE: AGE: YRS OUTSIDE IN GROUND
DUPLICATE TRIPLEX BRICK VENEER DESCRIBE PARTIAL UPGRADE REMARKS
MULTIPLY NON-FIRE RESISTIVE APT
MERCANTILE (>6 APTS) VINYL OUTBUILDINGS # USE CONSTR: HEAT: VALUE:

10. ADDITIONAL LIABILITY EXPOSURE INFORMATION
EXPLAIN "YES" RESPONSES YES NO EXPLAIN "YES" RESPONSES IN REMARKS YES NO REMARKS
LOCATION RENTED TO OTHERS: # WKS. DAYCARE - # CHILDREN
ADDITIONAL FAMILIES 0 INCIDENTAL OFFICE USE?
ROOMS RENTED TO OTHERS: 0 BUSINESS OPERATIONS AT THIS LOCATION?
SADDLE / DRAFT ANIMALS: 0 ANY OTHER INCOME PRODUCING OPPORTUNITIES?
ADDITIONAL RESIDENCES/PROPERTIES IS THERE A CO-OCCUPANT WHO REQUIRES COVERAGE?
UNITS (INDICATE LOCATIONS IN REMARKS): SWIMMING POOL
OTHER EXPOSURES (EXPLAIN):
VOLUNTARY COMPENSATION REQUIRED FOR # SERVANTS: IN: OUT: CHAUFFEUR: OCCASIONAL:

11. COVERAGE: FORMS, LIMITS & DEDUCTIBLES - Attach home evaluation (if applicable)
PACKAGE FORM AND TYPE: - RATING PLAN: DEDUCTIBLE:
SINGLE LIMIT DWELLING BUILDING DETACHED PRIVATE STRUCTURE PERSONAL PROPERTY ADDITIONAL LIVING EXPENSES LEGAL LIABILITY VOLUNTARY MEDICAL PAYMENTS VOLUNTARY PROPERTY DAMAGE ESTIMATED PREMIUM

12. ADDITIONAL COVERAGE (Specify rating information, limits deductibles, etc.)
EXPLAIN "YES" RESPONSES YES NO LIMIT DED REMARKS PREMIUM
GUARANTEED REPLACEMENT COST-BUILDING
REPLACEMENT COST ON CONTENTS
CONDOMINIUM ADDITIONAL PROTECTION ENDORSEMENT
SEWER BACK-UP
EARTHQUAKE
MASS EVACUATION
RENTAL INCOME
PERSONAL LIABILITY (UMBRELLA)

13. SCHEDULED PERSONAL PROPERTY SUMMARY (Appraisals may be required for some items) ** Check if item is for Business or Professional Use

Type	Yes	No	Amt of Ins	Ded.	Premium	Type	Yes	No	Amt of Ins	**	Ded.	Premium
Jewelry						Cameras						
Furs						Electronic Equip.						
Silverware						Musical Inst.						
Coins						Bicycles						
Stamps						Firearms						
Fine arts						Tool Floater						
TOTAL ESTIMATED PREMIUM						TOTAL ESTIMATED PREMIUM						
\$						\$						

14. SCHEDULED PERSONAL PROPERTY DETAIL

#	Descriptions (Including Serial / Identification Number)	Type	All Risk	Named Perils	Purchased/ Appraisal Date	Deductible	Amount of Insurance
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

PART 4 - Watercraft Data (Use Additional Forms if Required)

15. WATERCRAFT AND TRAILERS (Indicate if boat trailer or travel trailer)

#	Type	Year	Manufacturer	Model	Serial Number	Length	Price (R.C.)
1							
2							
3							
4							
5							

#	Engine Horsepower	Maximum Speed	Use	Waters Navigated	Mooring At	Locations	Winter Locations
1							
2							
3							
4							
5							

#	Lienholder / Lessor	Perils Req'd	Basis of Settlement	Deductible % or \$	Amt of Insurance	Premium	
		AR	IN	RC	ACV	SA	GRC
1							
2							
3							
4							
5							

16. OPERATOR DATA

#	Name of Operator	Date of Birth	Auto Driver's Licence No.	C.Y.A.		Training Power Squadron		Certificate Number
				Yes	No	Yes	No	
1		//		Yes	No	Yes	No	
2		//		Yes	No	Yes	No	
3		//		Yes	No	Yes	No	

TOTAL ESTIMATED PREMIUM THIS PAGE \$ _____