

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

**Loss Payable(s):** \_\_\_\_\_

**Fire Protection:** Distance to Fire Hydrant: \_\_\_\_\_ Distance to Fire Hall: \_\_\_\_\_  Paid  Volunteer

**Heating:**

- Furnace Central
- Oil Furnace *(requires questionnaire)*
- Solid Fuel Heating *(requires questionnaire)*
- Wood Furnace *(requires questionnaire)*
- Electric Baseboard
- Other: \_\_\_\_\_

**Structure / Type:**

- Detached
- Semi-Detached
- Townhouse or Rowhouse
- Mobile Home
- Duplex
- Other: \_\_\_\_\_

**Construction:**

- Frame
- Brick
- Masonry
- Log
- Other: \_\_\_\_\_

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

Total Square Footage: \_\_\_\_\_

**Dwelling Limit:** \$ \_\_\_\_\_

**Occupancy:**  Primary  Secondary  Other (details required):

**Dwelling Updates: List/date any upgrades or maintenance done:**

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

Roofing: \_\_\_\_\_ Electrical: \_\_\_\_\_ Other: \_\_\_\_\_

**Check all that apply:**

Hydro:  60 Amp  100 Amp  200 Amp  Aluminum Wiring  Knob & Tube Wiring  Circuit Breakers  Fuses

If there is any knob and tube wiring in the home, what percent % and where is it located? \_\_\_\_\_

If there is any aluminum wiring in the home, what percentage? \_\_\_\_\_ %

For risks where 60 amp service is in use, do you have more than four major appliances in use at the home (eg. refrigerator, washer/dryer, water heater, etc)?  Yes  No

**Reason standard market chose not to renew:**

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

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

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

Total amount of mortgages/liens/encumbrances: \$ \_\_\_\_\_

Do any business pursuits or farming take place on the premises?  Yes  No

*(if yes, describe):*

Are there any ex-farm buildings on the premises?  Yes  No

*(if yes, describe):*

Is there more than one family that lives in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a self-contained suite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any roomers/boarders on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(if yes, how many):</i>	
Have you ever had insurance cancelled midterm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(if yes, provide detail):</i>	
How long has applicant lived at this location?	Is the property for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Insurer:	Policy #:	Expiring Premium \$
Is the client new to your office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how long have you known applicant? _____
Has broker visited the property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would broker recommend this risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note: Current photos of the front & rear of the dwelling may be required prior to binding**

**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 contact 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 MARINE HAS ISSUED A BINDER NUMBER.**

Signature of Applicant(s):	Date:
Signature of Applicant(s):	Date:
Signature of Broker:	Date:
Broker Firm:	Broker Email:
Broker Telephone:	Return Fax:

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