

**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:

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**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):

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**PREVIOUS INSURER & POLICY NUMBER(S):**

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

If yes, please provide details:

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**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:**

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