

Mobile Home Application- B.C., Alberta, Manitoba, Ontario & Atlantic Canada

APPLICANT INFO

Quote Only Please Bind

Name of Insured: _____ DOB: _____

Mailing Address: _____ City: _____ Prov.: _____ PC: _____

Location of Risk: _____ City: _____ Prov.: _____ PC: _____

Owner Owned Property Rented Property Long Term Leased Property Mobile Home Park

Name of Park: _____ Occupation: _____

Mortgagees/Lien Holders (name & address in payment order): _____

DESCRIPTION OF PROPERTY

Model Year: _____ Trade Name: _____ Size: _____ Model: _____ Serial No.: _____

Occupancy: Primary Summer / Seasonal Is unit fully skirted? YES NO

Protection: Distance to Fire Hydrant: _____ Distance to Fire Hall: _____

Primary Heat Type: _____ (if oil, provide oil tank questionnaire) Auxiliary Heat: YES NO Type: _____

Wood Burning Device? YES NO (if yes, please attach wood heat questionnaire)

Updates: Hot Water Tank: _____ Roof: _____ Heating: _____ Plumbing: _____ Electric: _____

Electrical System: Less than 60 Amp 60 Amp 100 Amp Over 100 Amp Copper Aluminum Knob & Tube Mixed Unknown

Total Square Footage (incl. porches): _____

Monitored Alarm: Burglar Fire (provide copy of certificate)

COVERAGE & LIMITS

Policy Form: All Risk Specified Perils Basis of Claim Payment: Mobile Home: ACV RC Personal Property: ACV RC

Standard Deductible: \$500 Optional Deductible: \$1000 \$2500 \$100 Glass

PART I - Principal Residence

A. Mobile Home \$ _____ B. Outbuildings \$ _____ C. Personal Property \$ _____ D. Additional Living Expense \$ _____

PART II - Comprehensive Personal Liability

E. Bodily Injury Property Damage \$ _____ F. Medical Payments \$2,500 G. Voluntary \$1,000

Optional Coverages required: _____

Earthquake: YES NO Sewer Backup: YES NO

Do you have any of the following liability exposures? Additional Residence / Seasonal / Summer Business on Premises

Swimming Pool&/or Hot Tub Outboard Motors-HP: _____ Incidental Office Use (attach questionnaire) Saddle or Draft Animals

Hobby farming (attach supplemental app) Incidental School / Daycare Tenants, Roomers, Boarders

Previous Insurer: _____ Expiry Date: _____ Policy #: _____ Years Continuously Insured: _____

Previous Losses / Claims (past 5 years): _____

Have you ever had insurance refused or cancelled? YES NO Reason: _____

First time home buyer? YES NO Any gaps in Insurance Coverage YES NO (attach gap in coverage declaration)

PLEASE READ BEFORE SIGNING APPLICATION: I may have provided personal information in this document and by other means 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 to my broker's or insurance company's policy regarding personal information, for the purpose 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.

Signature of Applicant: _____ Date: _____

Signature of Broker: _____ Date: _____ Broker Email: _____

Brokerage Firm: _____ AGT #: _____ Broker Phone #: _____ Broker Fax#: _____

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