

Client Details for Condo Data Collection Form			
Name (Full Legal Name)		Date of Birth	Phone Number and Email Address
1.			
2.			
3.			
4.			
Location Address:			
Mailing Address (If different):			
Additional Named Insured (ANI):			
Union Member ☐ Yes ☐ No			
If Applicable, provide details:			
Previous Address (If resided at current residence for less than 3 years)			
Previous Address:			
How many years have you resided at this address:			
Previous Insurance History			
Insurer Name:	Policy #	Effective Date:	
		Expiry Date:	
Any claims in the last 5 years? ☐ Yes ☐ No			
If Yes, provide details:			
Any claims that you are aware of at the new location: ☐ Yes ☐ No			
If yes, provide details:			
Have you ever been cancelled, refused, or declined insurance? ☐ Yes ☐ No			
If yes, provide details:			
*If Applicable			
Effective Date	Subject Closing Date	Possession Date	Move in Date
Vacant: ☐ Yes ☐ No		How long has it been vacant:	
If yes, provide additional details.		How long do you expect it to be vacant:	
Insured Since:		Insured w/Broker Since:	
Property Insured Since:		Occupied Since:	
Mortgage / Credit Consent / Strata			
Mortgage: ☐ Yes ☐ No	Number of mortgages:		Credit Consent: ☐ Yes ☐ No Verbal / Written
Secured Line of Credit: ☐ Yes ☐ No	Number of secured lines of credit:		
Name of Financial Institution(s):			
Strata Deductible Value, Earthquake: \$		Strata Deductible Value, Water Damage: \$	

Unit Details			Roof	
Style of home:		# of kitchens:	☐ Asphalt	☐ Clay tile
Type of home:		# of bathrooms:	Shingles	☐ Tar and gravel
Year built:		# of smoke detectors:	☐ Aluminum	☐ Torch on
Total Living Area:		# of fire extinguishers:	☐ Steel	membrane
Floor # of Unit:		# of Units in Building:	☐ Wood shake	
Type of exterior siding:				
Basement or Crawlspace:		% Finished:	Sq. Ft:	
Garage or Carport:		Number of Cars:		Dwelling Construction Type
Content Limit for Personal Property: \$			☐ Wood frame	☐ Concrete
Fire Protection			☐ Log	☐ Panabode
Within 300m of a fire hydrant:		Within 8km of responding fire hall:		☐ Steel
☐ Yes ☐ No		☐ Yes ☐ No		
Heating				
Primary Heat Type:		Auxiliary Heat Type (if applicable):		
☐ Central Furnace ☐ Natural Gas ☐ Electric ☐ Propane ☐ Wood ☐ Oil ☐ Baseboards ☐ Ceiling radiant ☐ In-floor radiant ☐ Woodstove # of cords of wood burned annually: _____ ☐ Wood insert # of cords of wood burned annually: _____ ☐ Pellet stove		☐ Woodstove ☐ Wood insert ☐ Pellet stove Woodstove/Insert (if applicable) # of cords of wood burned annually: _____ How often is chimney cleaned: _____ Professionally installed: ☐ Yes ☐ No WETT Certified: ☐ Yes ☐ No		Oil Tank (if applicable) Location ☐ Inside ☐ Outside ☐ In ground ☐ Above ground Tank information: ☐ Single wall ☐ Double wall Year manufactured: _____
Year of primary heat update:		Year of auxiliary heat update:		
Electrical			Plumbing	
☐ Copper ☐ Aluminum ☐ Knob and tube ☐ Other, please advise: _____	☐ Breakers ☐ Fuses	☐ 60 amp ☐ 100 amp ☐ 200 amp ☐ Other, please advise: _____	☐ Copper ☐ Polybutylene (PolyB) ☐ Galvanized ☐ PEX ☐ PVC ☐ Other, please describe: _____	Hot water tank age: _____ ☐ Tank ☐ On demand ☐ Boiler
Year of any updates to electrical:			Year of any plumbing updates:	

Additional Questions																								
Is the dwelling under construction / renovations: ☐ Yes ☐ No If yes, provide additional information: _____																								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Number of families living in the home: _____ Any: ☐ Rental Suites ☐ Roommates ☐ Borders ☐ Students If yes, please provide additional information: _____ </td> <td style="width: 50%; border: none;"> Rental income: \$ _____ Landlord contents: \$ _____ </td> </tr> </table>							Number of families living in the home: _____ Any: ☐ Rental Suites ☐ Roommates ☐ Borders ☐ Students If yes, please provide additional information: _____	Rental income: \$ _____ Landlord contents: \$ _____																
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Home Base Business ☐ Yes ☐ No - Name of Business: _____ - Type of Business: _____ - Clients visit home: ☐ Yes ☐ No - Do you have a current CGL ☐ Yes ☐ No - Website: _____ - Any Farming on Premises: ☐ Yes ☐ No				<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Monitored burglary alarm:</td> <td style="width: 20%; text-align: right;">☐ Yes ☐ No</td> </tr> <tr> <td>Monitored fire alarm:</td> <td style="text-align: right;">☐ Yes ☐ No</td> </tr> <tr> <td>Sprinkler system:</td> <td style="text-align: right;">☐ Yes ☐ No</td> </tr> <tr> <td>Earthquake coverage required:</td> <td style="text-align: right;">☐ Yes ☐ No</td> </tr> <tr> <td>Solar Panels:</td> <td style="text-align: right;">☐ Yes ☐ No</td> </tr> <tr> <td># of cannabis plants grown on premises: _____</td> <td></td> </tr> <tr> <td>Hot tub:</td> <td style="text-align: right;">☐ Yes ☐ No</td> </tr> <tr> <td>Pool:</td> <td style="text-align: right;">☐ Yes ☐ No</td> </tr> <tr> <td colspan="2">→ If yes: ☐ In ground ☐ Above ground</td> </tr> </table>			Monitored burglary alarm:	☐ Yes ☐ No	Monitored fire alarm:	☐ Yes ☐ No	Sprinkler system:	☐ Yes ☐ No	Earthquake coverage required:	☐ Yes ☐ No	Solar Panels:	☐ Yes ☐ No	# of cannabis plants grown on premises: _____		Hot tub:	☐ Yes ☐ No	Pool:	☐ Yes ☐ No	→ If yes: ☐ In ground ☐ Above ground	
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Block Watch ☐ Yes ☐ No	Walled Community ☐ Yes ☐ No	Dead Bolt Locks ☐ Yes ☐ No	24hr Video System ☐ Yes ☐ No	Secured Entrance ☐ Yes ☐ No	Secured Guard ☐ Yes ☐ No	Intercom ☐ Yes ☐ No																		
Additional Notes																								

Personal Information Client Consent

We collect personal information from you directly when you apply for an insurance quote. Some personal information is required by law to ascertain identity. With your consent, we may also collect information from credit reporting agencies. Your consent can be express or implied. At the time of policy issuance, you will be provided with a copy of our Privacy Policy.

The right products, great service, the best people