Client Details for **Dwelling** 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 If yes, provide additional details.	How long has it been vacant: How long do you expect it to be vacant:
Insured Since:	Insured w/Broker Since:
Property Insured Since:	Occupied Since:

Mortgage / Credit Consent

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):

use Details		Roof
Style of home:	# of kitchens:	☐ Asphalt Shingles ☐ Clay tile ☐ Tar and gravel ☐ Aluminum ☐ Torch on membrane ☐ Steel ☐ Wood shake
Type of home:	# of bathrooms:	
Year built:	# of smoke detectors:	
Sq. Ft. per floor:	# of fire extinguishers:	
Type of exterior siding:	Monitored Burglary Alarm: ☐ Yes ☐ No	
Basement/Crawlspace: % Finished: Sq. Ft:		Year of roof update:
Garage/Carport: Number of Cars:		**Dwelling Construction Type**
Any decks or porches (sizes in sq. ft.):		☐ Wood frame ☐ Concrete ☐ Log ☐ Panabode ☐ Steel
Any customer features:		
Any detached structures (please list):		
Fire Protection		
Within 300m of a fire hydrant: ☐ Yes ☐ No	Within 8km of responding fire hall: ☐ 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 auxiliary heat was updated:**	

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 plumbing updates:	
Year of any updates to electrical:			☐ Septic ☐ City sewer	

Water Prevention Sump pump and/or Back flow valve

Sump pump: ☐ Yes ☐ No → Type: ☐ Pedestal ☐ Submersible ☐ Floor sucker ☐ Water powered	Auxiliary Power: ☐ None ☐ Battery ☐ Generator	Back flow valve: ☐ Yes ☐ No → If yes: ☐ Gate ☐ Flapper

Additional Questions

Is the dwelling under construction / renovations: ☐ Yes ☐ No

If yes, provide additional information: _____

Number of families living in the home: _____

Any: ☐ Rental Suites ☐ Roommates

☐ Borders ☐ Students

Rental income: $_____

Landlord contents: $_____

If yes, please provide additional information: _____

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

Dock and/or Wharf: ..... ☐ 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

Block Watch	Walled Community	Dead Bolt Locks	24hr Video System	Secured Entrance	Secured Guard	Intercom
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ 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