Client Details for Mobile Data Collection Form								
Name (Full Legal Name)			Date of Birth Phor		hone Nu	Number and Email Address		
1.								
2.								
3.								
4.								
<del>*</del>								
Location Address:								
Mailing Address (If different):								
Additional Named Insured (A	NI):							
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 re	sided at tl							
Previous Insurance History								
Insurer Name: Policy		Policy#	licv#			ffective Date: xpiry Date:		
Annual single in the Land			Explify			Jate:		
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 cancelle	d, refused	d, or declined ins	surance? 🗆 Yes [	□ No				
If yes, provide details:								
*If Applicable								
Effective Date	Subje	ect Closing Date	Posse	ession D	ate	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 mor				Credit Consent: ☐ Yes ☐ No		
Secured Line of Credit:  Yes	Number of sec	ured lines of cred	lit:		Verbal / Written			
Name of Financial Institution(s):								

Mobile Home / Manufactured Detai			s Roof			oof			
Year built:		Purchase Price: \$		□ Asphalt □		☐ Clay tile			
Manufacturer:		Content Value: \$		Shingles	3	$\square$ Tar and gravel			
Model:		# of Smoke Detectors:		□ Alum	inum	☐ Torch on			
Serial Number:		Fully Skirted:		☐ Steel		membrane			
Single Wide: □\	∕es □ No	Double Wide: ☐ Yes ☐ No		□Wood	d shake				
Length:		Width:	Width:						
Decks or Porches: Sizes:			Year of roof update:			e:			
Any Additions: ☐ Yes ☐ No Sizes:				Any Custom Features					
Garage or Carport	:	Number of	Number of Cars:		Please List:				
	Fire Pro	otection							
Within 300m of a f	ire hydrant:	Within 8km of res	ponding fire hall:						
☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No						
Heating									
Primary Heat Type: Auxiliary Heat Type (if applicable):									
☐ Central Furnace	е	□ Woodstove	Oil Tank (if applicable)						
☐ Natural Gas ☐ Electric ☐ Wood insert		$\square$ Wood insert							
☐ Propane ☐ Wood ☐ Oil		☐ Pellet stove		Location					
☐ Baseboards				☐ Inside ☐ Outside					
☐ Ceiling radiant		Woodstove/Insert (if applicable)		☐ In ground ☐ Above ground					
□ In-floor radiant		# of cords of wood burned							
☐ Woodstove		annually:		Tank information:					
# of cords of wood burned		How often is chimney		☐ Single wall ☐ Double wall					
annually:		cleaned: Professionally installed:		Year manufactured:					
# of cords of wood burned		☐ Yes ☐ No							
annually:		WETT Certified:							
☐ Pellet stove		☐ Yes ☐ No							
Year of primary h	eat update:	Year of auxiliary heat update:							
Electrical		Plumbing							
☐ Copper	☐ Breakers	□ 60 amp	☐ Copper		Hot wate	er tank			
☐ Aluminum	☐ Fuses	□ 100 amp	☐ Polybutylene (PolyB)		age:				
☐ Knob and		□ 200 amp	☐ Galvanized		☐ Tank				
tube		$\square$ Other, please	□ PEX		☐ On de	mand			
☐ Other, please		advise:	□ PVC		☐ Boiler				
advise:			☐ Other, please describe:						
Year of any updates to electrical:		Year of any plumbing updates:							

Water Prevention Sump Pump and/or Back Flow Valve							
Sump pump: ☐ Yes ☐ No Auxiliary Power:			Back flow valve: ☐ Yes	。□ No			
Type: ☐ Pedestal ☐ Submersible ☐ None ☐ Batt		ery 🛘 Generator	If yes: □ Gate □ Flapper				
☐ Floor sucker ☐ Water powered							
Additional Questions							
Is the dwelling under construction / renovations: 🗆 Yes 🗀 No							
If yes, provide additional information:							
Number of families living in the home	Rental income: \$						
Any: ☐ Rental Suites ☐ Roommates	Landlord contents: \$						
☐ Borders ☐ Students							
If yes, please provide additional information:							
Home Base Business ☐ Yes ☐ No	Monitored burglary alarm: ☐ Yes ☐ No						
Name of Business:	Monitored fire alarm: □ Yes □ No						
Type of Business:	Sprinkler system: □ Yes □ No						
Clients visit home: ☐ Yes ☐ No	Earthquake coverage required: ☐ Yes ☐ No						
Do you have a current CGL □ You	Solar Panels: □ Yes □ No						
• Website:		# of cannabis plants grown on premises:					
Any Farming on Premises: ☐ Yes ☐ No		Hot tub:		☐ Yes ☐ No			
		Pool:		☐ Yes ☐ No			
		→ If yes:	🗆 In ground 🗀 .	Above ground			
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