|  |  |  |
| --- | --- | --- |
| **Client Details** | | |
| Name (Full Legal name) | Date of Birth (MM/DD/YYYY) | 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: (MM/DD/YYYY) | |
| Expiry date: (MM/DD/YYYY) | |
| 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 | | | Credit Consent: ☐ Yes ☐ No Verbal / Written | | |
| Number of mortgages and/or secured lines of credit: | | |  | | |
| Name of financial institution: | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **House Details** | | | | | | | | | | |  | **Roof** | | | |
| Style of home (1 story, 2 story, bi-level): | | |  | | Number of kitchens: | | | |  | | ☐ Asphalt Shingles  ☐ Aluminum  ☐ Steel  ☐ Wood shake | | | ☐ Clay tile  ☐ Tar and gravel  ☐ Torch on membrane |
| Type of home (detached, semi-detached) | | |  | | Number of bathrooms: | | | |  | |
| Year built: | | |  | | Number of smoke detectors: | | | |  | |
| Sq. ft. per floor: | | |  | | Number of fire extinguishers: | | | |  | |
| Type of exterior siding: | | |  | | Monitored Burglary Alarm (Yes / No): | | | |  | |
| Is there a basement or crawlspace  (% Finished • % Unfinished) | | |  | | Garage or carport: (# of cars)  ☐ Attached ☐ Built In | | | |  | |  | **Year of roof update:** | | | |
| Any decks or porches: (sizes in sq. feet) | | |  | | | | | | | |  | **Dwelling Construction Type** | | | |
| Any custom features: | | |  | | | | | | | |
| Any detached structures (please list): | | |  | | | | | | | | ☐ Wood frame  ☐ Log  ☐ Steel | | ☐ Concrete  ☐ Panabode | |
| **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 primary heat was updated:** | | | | | **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  ☐ Does the home have a boiler | | |
| **Year of any updates to electrical:** | | | | | | **Year of any plumbing updates:** | | | | | | | |
|  | | | | | |  | | ☐ Septic or ☐ City sewer: | | | | | | | |
| **Water Prevention Sump pump and/or Back flow valve** | | | | | | | | | | | | | | | |
| Sump pump ☐ Yes ☐ No  Aux. power: | | ☐ Pedestal ☐ Submersible ☐ Floor sucker ☐ Water powered  ☐ 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: | | | | | | | | | | | | | | | |
| Vacant: ☐ Yes ☐ No  If yes, provide additional details. | | | | | | | How long has it been vacant:  How long do you expect it to be vacant: | | | | | | | | |
| Number of families living in the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any: ☐ Rental Suites ☐ Roommates ☐ Borders ☐ Students If yes, please provide additional information:  Rental income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landlord contents: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| 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 | | | | | | | Pool: ☐ Yes ☐ No → If yes: ☐ In ground ☐ Above ground  Hot tub: ☐ Yes ☐ No  Trampoline: ☐ Yes ☐ No  Dock and/or Wharf: ☐ Yes ☐ No  Earthquake coverage required: ☐ Yes ☐ No  Number of cannabis plants grown on premises: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

To obtain a quote, please complete this form and return via email to: [mail@wvins.ca](mailto:mail@wvins.ca)

***The right products, great service, the best people***  <CUST.INS.REC>