

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):			
Name of Mobile Home Park (if applicable):			
Additional Named Insured (ANI):			
Union Member <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details:			
Any claims that you are aware of at the new location: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:			
Have you ever been cancelled, refused, or declined insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:			
*If Applicable			
Effective Date	Subject Closing Date	Possession Date	Move in Date
Insured Since:		Insured w/Broker Since:	
Property Insured Since:		Occupied Since:	
Mortgage / Credit Consent			



Mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No Verbal / Written
Number of mortgages and/or secured lines of credit:	
Name of financial institution:	

Mobile Home / Manufactured Details				Roof	
Year built:		Purchase Price: \$		<input type="checkbox"/> Asphalt Shingles	<input type="checkbox"/> Clay tile
Manufacturer:		Content Value: \$		<input type="checkbox"/> Aluminum	<input type="checkbox"/> Tar and gravel
Model:		Number of smoke detectors:		<input type="checkbox"/> Steel	<input type="checkbox"/> Torch on membrane
Serial Number:		Garage or carport: (# of cars) <input type="checkbox"/> Attached <input type="checkbox"/> Built-in		<input type="checkbox"/> Wood shake	
Single Wide: <input type="checkbox"/> Yes <input type="checkbox"/> No		Any decks or porches: (sizes)		Year of roof update:	
Double Wide: <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Additions: (sizes)		Any Custom Features:	
Length:                      Width:		Is it Fully Skirted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please List:	
Fire Protection					
Within 300m of a fire hydrant: <input type="checkbox"/> Yes <input type="checkbox"/> No			Within 8km of responding fire hall: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Heating		
<b>Primary Heat Type:</b>	<b>Auxiliary Heat Type: (if applicable)</b>	
<input type="checkbox"/> Central Furnace <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Oil <input type="checkbox"/> Baseboards <input type="checkbox"/> Ceiling radiant <input type="checkbox"/> In-floor radiant <input type="checkbox"/> Woodstove # of cords of wood burned annually: _____ <input type="checkbox"/> Wood insert # of cords of wood burned annually: _____ <input type="checkbox"/> Pellet stove	<input type="checkbox"/> Woodstove <input type="checkbox"/> Wood insert <input type="checkbox"/> Pellet stove  <b>Woodstove/Insert (if applicable)</b> # of cords of wood burned annually: _____ How often is chimney cleaned: _____ Professionally installed: <input type="checkbox"/> Yes <input type="checkbox"/> No WETT Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Oil Tank (if applicable)</b>  Location <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> In ground <input type="checkbox"/> Above ground  Tank information: <input type="checkbox"/> Single wall <input type="checkbox"/> Double wall Year manufactured: _____
Year primary heat was updated:	Year auxiliary heat was updated:	

Electrical		
<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Knob and tube <input type="checkbox"/> Other, please advise	<input type="checkbox"/> Breakers <input type="checkbox"/> Fuses	<input type="checkbox"/> 60 amp <input type="checkbox"/> 100 amp <input type="checkbox"/> 200 amp <input type="checkbox"/> Other, please advise
Year of any updates to electrical:		

Plumbing	
<input type="checkbox"/> Copper <input type="checkbox"/> Polybutylene (PolyB) <input type="checkbox"/> Galvanized <input type="checkbox"/> PEX <input type="checkbox"/> PVC <input type="checkbox"/> Other, please describe	Hot water tank age: _____ <input type="checkbox"/> Tank <input type="checkbox"/> On demand <input type="checkbox"/> Does the home have a boiler
Year of any plumbing updates:	
<input type="checkbox"/> Septic or <input type="checkbox"/> City sewer:	

Water Prevention Sump pump and/or Back flow valve
---

Sump pump <input type="checkbox"/> Yes <input type="checkbox"/> No Aux. power: _____	<input type="checkbox"/> Pedestal <input type="checkbox"/> Submersible <input type="checkbox"/> Floor sucker <input type="checkbox"/> Water powered	Back flow valve: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Gate <input type="checkbox"/> Flapper
<b>Additional Questions</b>		
Is the dwelling under construction / renovations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide additional information: _____		
Vacant: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Rental Suites <input type="checkbox"/> Roommates <input type="checkbox"/> Borders <input type="checkbox"/> Students If yes, please provide additional information: Rental income: \$ _____ Landlord contents: \$ _____		
Home Base Business <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• Name of Business: _____</li> <li>• Type of Business: _____</li> <li>• Clients visit home: <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Do you have a current CGL <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Website: _____</li> </ul>	Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> In ground <input type="checkbox"/> Above ground Hot tub: <input type="checkbox"/> Yes <input type="checkbox"/> No Trampoline: <input type="checkbox"/> Yes <input type="checkbox"/> No Earthquake coverage required: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of cannabis plants grown on premises: _____ Monitored burglary alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No Interior sprinkler system in your unit: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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***

