

| 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 <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 |
| | | | |
| Vacant: <input type="checkbox"/> Yes <input type="checkbox"/> 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 | |
|--|---|
| 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: | |



| House Details | | | | Roof | |
|---|--|--|--|---|--|
| Style of home (1 story, 2 story, bi-level): | | Number of kitchens: | | <input type="checkbox"/> Asphalt Shingles | <input type="checkbox"/> Clay tile |
| Type of home (detached, semi-detached) | | Number of bathrooms: | | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Tar and gravel |
| Year built: | | Number of smoke detectors: | | <input type="checkbox"/> Steel | <input type="checkbox"/> Torch on membrane |
| Sq. ft. per floor: | | Number of fire extinguishers: | | <input type="checkbox"/> Wood shake | |
| Type of exterior siding: | | Monitored Burglary Alarm (Yes / No): | | Year of roof update: | |
| Is there a basement or crawlspace (% Finished • % Unfinished) | | Garage or carport: (# of cars) | | | |
| Any decks or porches: (sizes in sq. feet) | | <input type="checkbox"/> Attached <input type="checkbox"/> Built In | | | |
| Any custom features: | | | | | |
| Any detached structures (please list): | | | | | |
| Fire Protection | | | | Dwelling Construction Type | |
| 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 | | <input type="checkbox"/> Wood frame | <input type="checkbox"/> Concrete |
| | | | | <input type="checkbox"/> Log | <input type="checkbox"/> Panabode |
| | | | | <input type="checkbox"/> Steel | |

| Heating | | |
|--|--|--|
| Primary Heat Type: | Auxiliary Heat Type: (if applicable) | Oil Tank (if applicable) |
| <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 Woodstove/Insert (if applicable) # 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 | 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 <input type="checkbox"/> None <input type="checkbox"/> Battery <input type="checkbox"/> Generator | Back flow valve: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Gate <input type="checkbox"/> Flapper |

| Additional Questions | |
|--|---|
| 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"> Name of Business: Type of Business: Clients visit home: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a current CGL <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____ Any Farming on Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 Dock and/or Wharf: <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: _____ |