



RESIDENTIAL APPLICATION

Applicant(s) Full Name		Broker - Broker Number	
Mailing Address			
Postal Code			
Home Phone #	Work Phone #		
Mobile #	Fax #		
Email Address	Website Address		
Policy Period From _____, 20____ 12:01 a.m.; to _____, 20____ 12:01 a.m.		All times are local times at the Insured's address herein.	
Legal Entity <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
Principal(s) Name:			
Insured Name: <i>(If different than Applicant(s))</i>		Co-Insured Name: <i>(If different than Applicant(s))</i>	
D.O.B. (d/m/y)		D.O.B. (d/m/y)	
*If at this location less than 3 years, please provide previous address			
Location 1 address (or as above)		Loss Payable to: Location 1	Postal Code
Location 2 address		Location 2	

Loss and Policy History			
First Time for Insurance? <input type="checkbox"/> Property insurance 5 consecutive years Yes <input type="checkbox"/> No <input type="checkbox"/> If less than 5 years, # of years _____ State losses in the past 5 years, indicate if loss on dwelling or contents Date (d/m/y) Cause Amount	Have you ever been cancelled, declined by any insurer or had restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" provide details	Name of Previous Insurer & Policy Number	List policy numbers of other insurance with My Mutual

Remarks

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the Insurance broker. I understand that acceptance of this application or insurance is based on the truth and completeness of this information, and that:

- If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.
- Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

I have provided personal information in this document and otherwise (e.g. by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is combined in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

The answers above are correct to my best knowledge and belief

Signature of Applicant

Date (d/m/y)

Broker Questionnaire			
Is this business new to your office? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you seen this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____	
How long have you known the applicant? _____	Condition of property <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		

Section I – Dwellings G.R.C. Standard Water Protection Yes No (If yes please note changes to rating info)

	Coverage Code	Deductible	Limit of Insurance	Premium
Dwelling Loc. 1				
Contents				
Dwelling Loc. 2				
Contents				
Glass		Reduced to \$25 Deductible		

→ _____
 → _____
 → _____
 → _____
Totals → _____

Less Discounts:

Age Discount 5/0 - 10% 6/0 - 15% → (_____)
 Burglar Alarm Discount 20% (attach certificate) → (_____)
 New Home Discount → (_____)
 First Time Home Buyers Discount 5% → (_____)

Section II – Additional Coverages at Location 1

Scheduled Articles Floater – X-513 (submit appraisals as per rate manual) **Identity Theft** (\$5,000 included with package)

Tool Floater – X-535 Fire fighting (\$2000 included with package)				Additional Coverage Plus		Indicate Deductible	\$
Item No.	Description	Form No.	Rate	Limit of Insurance	Premium		
Totals						→	_____

Boat and Motor Floater – X-511 ATV – X-516

Item	Make	Serial No.	Year	Engine CC / Motor H.P. inboard or outboard?	Boat Length	Indicate Deductible	\$
						Limit of Insurance	Premium
Miscellaneous Equipment							
Totals						→	_____

Section III – Comprehensive Personal Liability

Liability Limit \$ _____ Extend Liability to: Second Residence _____ Seasonal Residence Location _____ Home Under Construction _____ Additional residences/properties – no. of units _____ (if rentals, total number owned) Location (s) _____ Office or commercial use of premises – describe: _____ Gross receipts (include rentals) \$ _____ Swimming Pool – state depth _____ Regulation fence <input type="checkbox"/> Yes <input type="checkbox"/> No Saddle/draft animals – number _____ Watercraft – give details in Watercraft Coverage Babysitting in home <input type="checkbox"/> Yes <input type="checkbox"/> No No. of children _____ Complete X-106 Other (specify) _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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**Tenant & Condominium packages only

Estimated Premium Subtotal		→	_____
Less Discounts:	Claims Free Discount 15%	→	(_____)
	**Fire Resistive Construction 5%		(_____)
	** Third Floor Occupancy 5%		(_____)
Surcharges:	_____	→	_____
Total Estimated Premium		→	_____

Rating Information; mark all options that apply (X where applicable)

LOCATION 1: Occupancy – No. of families _____ No. of Apartments: _____
 Owner Occupied Extended Family, relationship to owner- _____ Vacant Under Construction
 Tenant Occupied Rooms rented to others # _____ Unoccupied

PROTECTION: Within 300 meters (1,000') of fire Hydrant Within 8km. (5 miles) of the responding fire hall at _____
 Unprotected Location Grade: _____ GPS Location _____ - _____

SEWER BACKUP: Has there been a sewer back up at this location? Yes (Date - _____) No Unknown
 If yes, is there an inline valve as close to the footing as practicable and a sump pump independent of the sewer system in place? Yes No

AGE: Original year of construction: _____ (if over 25 years old, indicate year the following items were last updated)

UPDATES: Electrical: _____ 100 Amp or more Heating: _____ Plumbing: _____ Roofing: _____
 less than 100 Amp (complete X700)

TYPE: 1 Story 1 ½ Story 2 Story 3 Story Bi-level Tri-level Other: _____
 Unfinished Basement Finished Basement

GARAGE: 1 car 2 car 3 car attached detached no garage ***(for heat see Heating Section)**

WALL CONSTRUCTION: Frame Brick Veneer Solid Brick/Stone Fire Resistive Other _____

ROOF COVERING: Asphalt Wood Shingles Wood Shakes Slate Metal Tile

HEATING TYPE: Forced Air Hot Water Space heater Add on unit Stove/Fireplace insert

FUEL: Gas Oil* Electric Wood**

AUXILIARY HEAT: Stove Fireplace Insert * (X593) Fireplace (ULC S610)

FUEL: Gas Oil* Electric Wood**

CHIMNEY: Brick Ground Bracket Metal Tile lined Other: _____

LOCATION 2: Occupancy – No. of families _____ No. of Apartments: _____
 Owner Occupied Extended Family, relationship to owner- _____ Vacant Under Construction
 Tenant Occupied Rooms rented to others # _____ Unoccupied

PROTECTION: Within 300 meters (1,000') of fire Hydrant Within 8km. (5 miles) of the responding fire hall at _____
 Unprotected Location Grade: _____ GPS Location: _____

SEWER BACKUP: Has there been a sewer back up at this location? Yes (Date - _____) No Unknown
 If yes, is there an inline valve as close to the footing as practicable and a sump pump independent of the sewer system in place? Yes No

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MOBILE HOME: Year: _____ Trade Name: _____ Serial Number: _____
 Certification: None CSA-Z240 CSA-A277
 Width: _____ Length: _____ Year Purchased: _____
 Full Basement Partial Basement on Foundation on Blocks & Skirted Concrete Pad Other _____
 Double Wide Furnace in basement 2/3 or more gyproc interior Residential Lot (not a Mobile Home Park)
 Approved Tie Downs (describe) _____
 All Electric Heating (other heat complete Heating in Location #1 above) 100 Amp or more Less than 100 Amp (Complete X700)

*If Fuel Oil is used complete Form X-590 Oil Heat Questionnaire for each tank.
 **If Solid Fuel is used, complete Form X-593 for each unit and photos of unit, stovepipe and chimney