Reset

CSIO HABITATIONAL INSURANCE APPLICATION

BILLING ☐ COMPANY ☐ BROKER/AGENT

INSURANCE COMPANY	☐ QUOTE ☐ NEW ☐ RENEWAL	POLICY NUMBER	BINDER NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

POSTAL CODE

CONTACT NUMBER(S)

TYPE	NO.	TYPE	NO.
TYPE	NO.	TYPE	NO.

PREFERRED DOCUMENT LANGUAGE ☐ ENGLISH ☐ FRENCH

EMAIL ADDRESS

WEBSITE ADDRESS

2. BROKERAGE/AGENCY INFORMATION

POSTAL CODE

BROKER CODE	CONTACT NAME
PHONE NO.	FAX NO.
CONTRACT NUMBER	SUB-CONTRACT NUMBER
GROUP / PROGRAM NAME	GROUP ID
BROKER CLIENT ID	COMPANY CLIENT ID

3. POLICY PERIOD

EFFECTIVE DATE YYYY/MM/DD TIME A.M. ☐ P.M. ☐ EXPIRY DATE YYYY/MM/DD AT 12:01 A.M.

ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.

4. APPLICANT DATA

INSURED NAME		CO-INSURED NAME	
OCCUPATION		OCCUPATION	
YEARS CONTINUOUSLY EMPLOYED	DATE OF BIRTH	YEARS CONTINUOUSLY EMPLOYED	DATE OF BIRTH

OCCUPANCY DATE IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS

POSTAL CODE

5. LOSS HISTORY

CLAIMS HISTORY REPORT DATE

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS? ☐ YES ☐ NO IF YES, COMPLETE THE CHART BELOW

LOSS DATE	LOC. #	CAUSE	CLAIM SETTLED (Y/N)	PAID AMOUNT	POLICY NUMBER	INSURANCE COMPANY

6(A). POLICY HISTORY

FIRST TIME INSURED ☐

HAS ANY INSURANCE COMPANY REFUSED TO PROVIDE INSURANCE IN THE PAST 5 YEARS? ☐ YES ☐ NO

IF YES, INDICATE INSURANCE REFUSAL TYPE ☐ CANCELLED ☐ DECLINED ☐ REFUSED RENEWAL ☐ RESTRICTED COVERAGE

BY WHICH INSURANCE COMPANY _____ REASON _____

PREVIOUS INSURANCE COMPANY _____ POLICY NUMBER _____ EXPIRY DATE _____

SINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURANCE COMPANY? _____ HAS IT BEEN CONTINUOUS? ☐ YES ☐ NO If no, please provide details in remarks.

6(B). CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY

LINE OF BUSINESS _____ POLICY NUMBER _____

LINE OF BUSINESS _____ POLICY NUMBER _____

© 2013, Centre for Study of Insurance Operations. All rights reserved.

HABITATIONAL INSURANCE APPLICATION

CSIO

UNDERWRITING INFORMATION LOC #_____

PREMIUM TABLE
TOWN ID CODE
NO. OF ATTACHMENTS

7. RISK ADDRESS

☐ SAME AS POSTAL ADDRESS

ACCESS: ☐ EASY ACCESS ROAD ☐ DIFFICULT ACCESS ROAD ☐ ISLAND ☐ ISOLATED RURAL ☐ OTHER _____

8. MORTGAGEE / LOSS PAYEE(S)

	NATURE OF INTEREST

9. RATING INFORMATION

REPLACEMENT COST EVALUATOR PRODUCT	YEAR BUILT	# OF STOREYS	# OF FAMILIES	# OF UNITS	TOTAL LIVING AREA (excluding basement) ☐ SQ. FT. ☐ SQ. M.
DATE EVALUATION COMPLETED (YYYY/MM/DD)	SMOKER(S)? Y/N	DATE OF BIRTH OF ELDEST OCCUPANT (YYYY/MM/DD)			RELATIONSHIP TO APPLICANT

OCCUPANCY		EXTERIOR WALL FRAMING		HEATING TYPE		SECURITY SYSTEM	Y/N	LOCAL	MONITORED
PRIMARY	☐	WOOD FRAME	☐	PRIMARY HEATING APPARATUS		FIRE		☐	☐
SECONDARY	☐	CONCRETE BLOCK / MASONRY FRAME	☐	FUEL		BURGLAR		☐	☐
SEASONAL	☐	LOG	☐	LOCATION		SMOKE DETECTORS		☐	☐
RENTAL	☐	FIRE RESISTIVE	☐	AUXILIARY HEATING APPARATUS		DETECTOR TYPE		NO:	
VACANT	☐		☐	FUEL		MONITORED BY			
UNOCCUPIED	☐	EXTERIOR WALL FINISH		LOCATION		ALARM CERTIFICATE ATTACHED			
UNDER CONSTRUCTION	☐			NO. OF FACE CORDS PER YEAR		SPRINKLER			
	☐	BRICK VENEER	☐	HEATING UNIT PROFESSIONAL INSTALLATION		SECURITY TYPE			
STRUCTURE TYPE/STYLE		VINYL SIDING	☐	HEATING UNIT ULC, CSA, OR WH APPROVED		WATER MITIGATION MEASURES IN PLACE			
DETACHED	☐	STUCCO	☐	RADIANT HEATING AREA SQ.M. _____					
SEMI-DETACHED	☐	STONE VENEER	☐	MAKE _____ YEAR _____					
ROWHOUSE / TOWNHOUSE (END)	☐	SOLID BRICK	☐	OIL TANK		UPDATE YEAR		FULL (YY)	PARTIAL (YY)
ROWHOUSE / TOWNHOUSE (INSIDE)	☐	ALUMINUM/METAL SIDING	☐	YEAR _____ ☐ INSIDE ☐ IN GROUND ☐ OUTSIDE ☐ ABOVE GROUND		HEATING			
HIGHRISE	☐	WOOD	☐			ROOFING			
MOBILE HOME	☐		☐			TYPE _____			
MULTIPLEX	☐			FIRE PROTECTION		ELECTRICAL _____ AMPS			
	☐			☐ UNPROTECTED ☐ SUPERIOR SHUTTLE TANKER SERVICE		☐ BREAKERS ☐ KNOB & TUBE ☐ FUSES ☐ ALUMINUM ☐ COPPER			
FOUNDATION				_____ M. OF HYDRANT _____ KM. OF FIREHALL		PLUMBING			
POURED CONCRETE	☐	SLAB/CONCRETE SLAB	☐	FIREHALL NAME: _____		COPPER ____ % PLASTIC ____ %			
CONCRETE BLOCK	☐	STONE	☐			GALVANIZED ____ % _____ ____ %			
CRAWLSPACE	☐		☐						
FINISHED BASEMENT _____ %									

INTERIOR DETAILS	TYPE	%	TYPE	%	TYPE	%
INTERIOR WALL CONSTRUCTION						
INTERIOR FLOOR FINISH						
CEILING CONSTRUCTION						

ADDITIONAL INTERIOR DETAILS

WALL HEIGHT ☐ FT. ☐ M.	%

NUMBER OF KITCHENS: _____

NO.	QUALITY
____	☐ BUILDER'S GRADE ☐ CUSTOM ☐ _____
____	☐ BUILDER'S GRADE ☐ CUSTOM ☐ _____

NUMBER OF BATHROOMS: FULL _____ HALF _____

SWIMMING POOL

YEAR _____ ☐ ABOVE GROUND ☐ WITH FENCE ☐ INDOOR ☐ IN GROUND ☐ WITHOUT FENCE

GARAGE / CARPORT

ATTACHED GARAGE? Y/N		SIZE - # OF CARS		☐ BUILT-IN ☐ BASEMENT ☐ _____
ATTACHED CARPORT? Y/N		SIZE - # OF CARS		

DETACHED OUTBUILDING(S)/OTHER STRUCTURE(S) (Additional limits required or any heated outbuildings)

STRUCTURE NO.	YEAR BUILT	STRUCTURE TYPE	EXTERIOR WALL FRAMING	HEATING APPARATUS	FUEL	TOTAL AREA ☐ SQ. FT. ☐ SQ. M.	VALUE (Included in detached private structure limit)

© 2013, Centre for Study of Insurance Operations. All rights reserved.

HABITATIONAL INSURANCE APPLICATION

COVERAGE AND LIABILITY EXTENSIONS LOC #_____

10. COVERAGE: FORMS, LIMITS & DEDUCTIBLES

PACKAGE FORM AND TYPE					RATING PLAN	DED. $	DED. TYPE
DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED BASE PREMIUM
$	$	$	$	$	$	$	$

11. ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)

CODE	COVERAGE DESCRIPTION	COVERAGE REQUESTED Y/N	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF 1	2	3	4	5	PREMIUM
GUARR	GUARANTEED REPLACEMENT COST-BUILDING										
GRCE	REPLACEMENT COST ON CONTENTS										
	UNIT OWNERS BUILDING IMPROVEMENTS AND BETTERMENTS ☐ ALL RISK ☐ NAMED PERILS										
	LOSS ASSESSMENT ☐ ALL RISK ☐ NAMED PERILS										
CCLA	CONDOMINIUM CONTINGENT LEGAL LIABILITY										
HSL	SINGLE LIMIT										
SEWER	SEWER BACK-UP										
IDTFT	IDENTITY THEFT										
RENT	RENTAL INCOME										
BYLAW	BYLAWS ENDORSEMENT										
ERQK	EARTHQUAKE										
ERQKF	POST-EARTHQUAKE DAMAGE										
PERLI	PERSONAL LIABILITY (UMBRELLA)										

PREMIUM FOR THIS SECTION $

12(A). LIABILITY EXPOSURES (Yes answers require liability extension coverage or remarks explaining coverage declined.)

DO YOU OWN / RENT MORE THAN ONE LOCATION?		DO YOU OWN ANY WATERCRAFT?	
NUMBER OF WEEKS LOCATION RENTED TO OTHERS?		NUMBER OF FULL TIME RESIDENCE EMPLOYEES	
NUMBER OF ROOMS RENTED TO OTHERS?		IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE?	
DAYCARE OPERATION - NUMBER OF CHILDREN		CO-OCCUPANT NAME	
DO YOU OWN A TRAMPOLINE?		IS THERE ANY KIND OF BUSINESS OPERATION?	
DO YOU HAVE A GARDEN TRACTOR?		IF YES, DESCRIBE BUSINESS	
DO YOU HAVE A GOLF CART?		NUMBER OF DOGS IN THE HOUSEHOLD	
NUMBER OF SADDLE / DRAFT ANIMALS?		BREED(S) OF DOGS	
DO YOU HAVE ANY UNLICENSED RECREATIONAL VEHICLES?		OTHER EXPOSURES	
RENEWABLE ENERGY INSTALLATION ON PREMISES?			

12(B). LIABILITY EXTENSIONS FROM PRIMARY LOCATION

CODE	LIABILITY COVERAGE DESCRIPTION	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF 1	2	3	4	5	PREMIUM

PREMIUM FOR THIS SECTION $

13. DISCOUNTS AND SURCHARGES

CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM

DISCOUNTS AND SURCHARGES continued

CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM

PREMIUM FOR THIS SECTION $

TOTAL ESTIMATED PREMIUM THIS PAGE $

© 2013, Centre for Study of Insurance Operations. All rights reserved.

HABITATIONAL INSURANCE APPLICATION

14. PREMIUM INFORMATION

TOTAL ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	PAYMENT PLAN	ESTIMATED INSTALLMENT AMOUNT	$ / % ADDITIONAL CHARGES	TOTAL ESTIMATED COST
				☐ $ ☐ %	

15. ATTACHMENTS

ATTACHMENTS	DESCRIPTION	DATE COMPLETED	ATTACHMENTS	DESCRIPTION	DATE COMPLETED

16. REMARKS

17(A). FULL DISCLOSURE

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 for insurance is based on the truth and completeness of this information, and that:

- **For all provinces and territories except Quebec:** 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.
- **For Quebec**: I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.
- **For all provinces and territories**: 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.

17(B). PERSONAL INFORMATION CONSENT

For all provinces and territories except Newfoundland and Labrador: 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 contained 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.

For Newfoundland and Labrador: 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 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 contained 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.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais. The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	

18. BROKER / AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? ☐ YES ☐ NO | SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT? | HAVE YOU BOUND THIS RISK? ☐ YES ☐ NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? ☐ YES ☐ NO IF YES, PROVIDE DETAILS IN REMARKS

HAVE YOU SEEN THE PRIMARY LOCATION? ☐ YES ☐ NO IF YES, WHEN | CONDITION OF PROPERTY ☐ GOOD ☐ FAIR ☐ POOR

BROKER / AGENT NAME (Please print) | SIGNATURE OF BROKER / AGENT | DATE

© 2013, Centre for Study of Insurance Operations. All rights reserved.