PREMIER canada

RENTED DWELLING APPLICATION	Page 1 of 2			
APPLICANT QUOTE ONLY	PLEASE BIND			
Name Of Applicant(s): Date(s) of Birth:				
Are there more than 2 registered owners?	□ YES □ NO			
Risk Location Address:				
City: Prov: PC:				
DWELLING				
Type of Building:				
□ Log Home □ Mobile Home (fully blocked, skirted + connected to utilities) □ Other (describe):	JWIIIIOuse)			
Construction:				
Concrete Block/Masonry Stucco – Wood Frame Vinyl Siding – Wood Frame				
□ Wood Siding – Wood Frame □ Concrete Fiberboard – Wood Frame □ Brick Veneer – Wood Frame				
☐ Stone Veneer – Wood Frame ☐ Solid Log ☐ Solid Brick ☐ Solid Stone ☐ Other (describe):				
Foundation: Concrete Post & Pier Brick Stone Treated Lumber				
Year Built: Square Footage: No. of Stories: No. of Kitchens				
Size of Lot: Less than 3 acres More than 3 acres Other:				
How many amps is the electrical system? 🔲 Under 60 Amps 🗌 60 Amps 🗌 100 Amps 🗌 Over 100 Amps				
Electrical System Details (check all that apply): Circuit Breakers Fuses Aluminum Knob & Tube				
Year of last major update to the electrical system:				
Type of Plumbing: Copper PEX Galvanized Steel Polybutylene Cast Iron Other/Combined:				
Year of last major update to the plumbing system:				
Roof Material: Asphalt Shingles Metal Panel Flat Deck / Tar & Gravel Cedar Shingles / Shakes Metal Shingles	Clay Tile / Slate			
Year of Roof Update:				
HEATING: Year of Heating Update: Note: if there is an oil tank or wood heat, an Oil Tank or Wood Heat Question	nnaire is required.			
Primary Heat: Primary Heat Fuel Type:				
Auxiliary Heat: Auxiliary Heat Fuel Type:				
Does the property have operational smoke detectors on each floor including basement?	🗌 YES 🗌 NO			
Is there a swimming pool on premises?	🗌 YES 🗌 NO			
Distance to Fire Hydrant: Distance to Fire hall:				
UNDERWRITING				
Who is responsible for the care and maintenance of the property?				
Insured Neighbor Property Manager Friend/Relative Tenant Other(describe):				
How often is the property visited?				
Once per month 3-4 times per year Other (describe):				
Minimum Rental Arrangements for this property:				
Daily Weekly Monthly Yearly Other(describe):				
Number of self-contained units/suites: If applicable, is motorized watercraft or motorized vehicle included in the rental?	🗌 YES 🗌 NO			
Tenant Details:				
□ Single family per self-contained unit/suite □ Students – if yes, how many students? □ Roomers / Boarders				
More than 2 unrelated tenants(not students) Rooming House Vacation Rental Other (describe):				
Do you allow your tenants to sublet or are any occupants subtenants?	🗌 YES 🗌 NO			
Does the owner's child live in the dwelling?	YES INO			
Are there any business or farming pursuits on premises?	YES INO			
If yes, please describe:				

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RENTED DWELLING APPLICATION

Has this risk been declined, refused or cancelled by another insurer?		
If yes, please describe:		
Will there be any renovations?	🗌 YES 🗌 NO	
If applicable, what is the budget renovations?		
If applicable, will there be any structural renovations?	🗌 YES 🗌 NO	
What are the scope and general details of the renovations:		
Is the building slated for demolition?		
Number of liens/encumbrances/mortgages: 0 0 1 2 3 4		
Are there any sewer backup losses, insured or otherwise, at this location in the past 5 years?		
Are there any other types of losses, insured or otherwise, at this location in the past 5 years?		
If yes, please provide details:		
COVERAGES - LIMITS		
Dwelling Building: Detached Str	uctures: Major Appliances:	
Premises Liability: Rental Incom	e: Deductible:	
Sewer Backup: YES NO Limit Required: Earthquake:	Earthquake: 🗌 YES 🗌 NO	
INFORMATION REQUIRED UPON BINDING:		
Requested Effective Date: Principal(s) if	Principal(s) if applicable:	
Postal Address: City:	Prov: PC:	
Loss Payable(s) Name & Address:		

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Signature of Applicant(s):	Date:	
Signature of Broker:	Date:	
Broker Firm:	Broker AGT #:	
Broker Email:	Tel:	Fax #:

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizpersonal@premiergroup.ca **				
Vancouver - T 604.669.52	11 F 604.669.2667	Toronto - T 416.365.0444	F 416.365.0446	