

APPLICANT INFO

Quote Only Please Bind

Name of Insured: _____ DOB: _____

Mailing Address: _____ City: _____ Prov.: _____ PC: _____

Location of Risk: _____ City: _____ Prov.: _____ PC: _____

Occupancy: Owner Owned Property Seasonal with Short Term Rental Property Seasonal Owner-Occupied Property

Will Tiny or Mini Home be towed or transported from Risk Location? YES NO Occupation: _____

Mortgagees/Lien Holders (name & address in payment order): _____

DESCRIPTION OF PROPERTY

Model Year: _____ Trade Name: _____ Size (incl. porches): _____ Model: _____

Serial No.: _____ Is unit fully skirted? YES NO

Protection: Distance to Fire Hydrant: _____ Distance to Fire Hall: _____

Size of Lot: 3 acres or less More than 3 acres Other: _____

Primary Heat Type: _____ (if oil, provide oil tank questionnaire) Auxiliary Heat: YES NO Type: _____

Wood Burning Stove? YES NO (if yes, please attach wood heat questionnaire)

Updates: Hot Water Tank: _____ Roof: _____ Heating: _____ Plumbing: _____ Electric: _____

Electrical System (Amp): Less than 50 50 60 100 Over 100

Type: Copper Aluminum Knob & Tube Mixed Unknown

Certifications: CSA Approved RVIA Approved NOAH Approved

Undergoing Renovation? YES NO (if yes, please contact a Premier construction specialist.)

COVERAGE & LIMITS

Policy Form: Comprehensive Named Perils Basis of Claims Settlement: ACV RC

Standard Deductible: \$500 Optional Deductible: \$1,000 \$2,500 \$5,000

PART I - Principal Residence

A. Tiny/Mini Home: \$ _____ B. Outbuildings: \$ _____ C. Personal Property: \$ _____ D. Additional Living Expense: \$ _____

PART II - Comprehensive Personal Liability

E. Legal Liability: \$ _____ F. Medical Payments: \$2,500 G. Voluntary Property Damage: \$1,000

Earthquake: YES NO Replacement Cost: YES NO

Do you have any of the following liability exposures? Additional Residence / Seasonal / Summer Business on Premises

Swimming Pool&/or Hot Tub Outboard Motors-HP: _____ Incidental Office Use (attach questionnaire) Saddle or Draft Animals

Hobby farming (attach supplemental app) Incidental School / Daycare Roomers, Boarders Golf Cart

Previous Insurer: _____ Any gaps in Insurance Coverage YES NO Number of days of gap: _____

Previous Losses / Claims (past 5 years): _____

Have you ever had insurance refused or cancelled? YES NO Reason: _____

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: _____ Date: _____

Signature of Broker: _____ Date: _____ Broker Email: _____

Brokerage Firm: _____ AGT #: _____ Broker Phone #: _____ Broker 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 ****

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