**TENANTS** –APPLICATION FOR INSURANCE

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| **APPLICANT INFORMATION:** | | | |
| Applicant’s email address\*  (required for e-signature) | | |  |
| Applicant Name(s):  *if company, provide principal name(s)* | | |  |
| Mailing address: | | |  |
| Date(s) of Birth: | | |  |
| Occupation(s):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Loss History:** | | | |
| Have there been any claims or losses (whether covered by insurance or not) at this location in the past 5 years?  No  Yes If yes, provide details (attach sheet if needed): | | | |
| Claim Details (cause, date, amounts paid):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Was damage professionally repaired?  Yes  No | | | |
| |  |  | | --- | --- | | Has insurance ever been cancelled or refused for this property? | No  Yes - details:      \_\_\_\_\_ | |  |  |   **RISK INFORMATION:** | | | |
| Risk location: | |  | |
| Size of property in acres: | | City sized lot  15 or less acress  More than 15 acres | |
| Has the risk location ever been evacuated or put on notice of evacuation due to a wildfire or flood?  No  Yes | | | |
| Type of building: | | Multi-plex (less than 8 units)  Rowhouse/Townhouse  Highrise Apartment  Low Rise Apartment | |
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| Year Built: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| Does the home have a solid fuel heat device (other than traditional fireplace)?  Yes  No | | | |
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| If yes, is woodheat the primary source or more than 3 cords of wood burned annually?  Yes  No | | | |
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| Is there an operational sprinkler system?  Yes  No | | | |
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| **Occupancy** | | |  |
| Confirm occupancy:  Primary Domicile  Secondary Domicile | | | |
| |  |  | | --- | --- | | Is there any farming, business or commercial operations on premises? | No  Yes - details:      \_\_\_\_\_ |   **COVERAGE INFORMATION** | | | |
| Personal Contents: $     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Premises Liability:  $1,000,000  $2,000,000 | | | |

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| Is earthquake coverage requested?  Yes  No  Is sewer backup coverage requested?  Yes  No  **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. |
| |  |  | | --- | --- | | **Applicant Signature:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **Brokerage:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Broker ID#:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Broker Name:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_  **Broker Email:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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