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| **APPLICANT(S) Full Name:** | **Occupation / Source of Income** | **Date of Birth** |
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| *\*If there are additional applicants, please attach another page. If the applicant is a company, please also provide the principal(s) information.*  |
| Risk Location Address:       | City:       |       | Prov.:  |       | P.C:       |       |
| Mailing Address (if different):       | City:       |       | Prov.:  |       | P.C:       |       |
| Contact Info for coordination of inspection/appraisal - Email:       | Tel:  |       |
| Length of time applicant has lived at this location:          |
| **Please list in order ALL mortgagees, loss payees, additional interests, and other interested parties (name and address):** |
| Are any mortgages, liens, or encumbrance payments in arrears? [ ] Yes [ ]  No |
| **USE / OCCUPANCY:** check all occupancies applicable:  |
| [ ]  Primary Owner Occupied  | [ ]  Secondary Owner Occupied | [ ]  Seasonal Owner Occupied |
| [ ]  Vacant / Unoccupied | [ ]  Under Construction / Renovations (attach details) |
| [ ]  Rented to Others: [ ]  Short-term rentals [ ]  Long- term tenants |
| Please describe rental situation:       |
| Any roomers or boarders in the home? [ ]  Yes [ ]  No |
| **STRUCTURE/TYPE:** |
| Year Built:       | Sq. Footage (including basement):        | Number of Units:        |
| Is the home a detached single-family residence? [ ] Yes [ ]  No If No, explain:      Number of families living in the home:        |
| **CONSTRUCTION:** |
| [ ]  Frame [ ]  Stone [ ]  Brick [ ]  Masonry [ ]  Structural Concrete [ ]  Log [ ]  Post & Pier  |
| **FOUNDATION:**[ ]  Poured Concrete [ ]  Concrete Block [ ]  Crawlspace [ ]  Treated Lumber [ ]  Brick/Stone [ ]  Post & Pier [ ]  Other  |
| **HEATING:** |
| [ ]  Natural Gas [ ]  Propane [ ]  Electric Are there any Solid Fuel Heating devices? [ ]  Yes [ ]  No if yes, attach questionnaire  |
| **UPDATE INFO:** Age of Hot Water Tank(s):       Is there an operational + active automatic water shut-off system? [ ]  Yes [ ]  No **If the home is over 20 years of age, please complete the following update information:**  |
| Roof Update Year:  |       | [ ]  Full [ ]  Partial  | Electrical Update Year:  |       | [ ]  Full [ ]  Partial  |
| Plumbing Update Year:  |       | [ ]  Full [ ]  Partial  | Heating Update Year:  |        | [ ]  Full [ ]  Partial  |
| **APPRAISAL:**  |
| Year of last home appraisal:  | Copy attached? [ ]  Yes [ ]  No  |
| Last Appraised Dwelling Value: $       | Have all appraisal recommendations been completed? [ ]  Yes [ ]  No  |
| Additional Information:       |
| **PROTECTION:** |
| Distance to Fire Hydrant:       | Distance to Firehall:       | [ ]  Paid [ ]  Volunteer |
| Burglar Alarm | [ ]  Local [ ]  Monitored  | Water Alarm | [ ]  Local [ ]  Monitored |
| Fire Alarm | [ ]  Local [ ]  Monitored | Other protection systems (describe):       |
| **ADDITIONAL INFORMATION & LIABILITY EXPOSURES:** **Size of Lot:** [ ]  Less than 5 acres [ ]  More than 5 acres Other:Any construction or renovation currently on premises, or planned in the next 12 months? [ ]  Yes [ ]  No If yes, please explain:       |
| **Swimming Pool:** [ ]  Outdoor [ ]  Indoor [ ]  None Note: for any indoor pool, please describe location of the pool in the home and confirm if there is a professionally maintained dehumidification system?      **Business**: Are there any activities on premises to derive income, business, home office use, etc.? [ ]  Yes [ ]  No If yes, please explain fully, and if insured elsewhere please provide details:      Please disclose any other facts which may influence the review of this risk:       |
| **LOSS EXPERIENCE:** provide details of any property and/or liability claims or losses (claimed or not) by the applicant(s) or household members in the past 5 years, including cause of loss, repair details, measures to prevent further loss, date, amounts paid or reserved, claim status (open/closed), etc.:       |
| **INSURANCE HISTORY:** |
| Current / Previous Insurer:        | Expiry Date:       |
| Has there been any gap in coverage? [ ]  Yes [ ]  No | if yes, please describe:        |
| Expiring Premium: $       | Target Premium: $           |
| **REQUESTED LIMITS OF INSURANCE** |
| **$**  | Dwelling (no less than 100% of current estimated replacement cost value) |
| **$**  | Detached Buildings or Structures – *please list all structures:*  |
| **$**  | Unscheduled Personal Property |
| **$**  | Additional Living Expenses  |
| **$**  | Liability Insurance (Basic Limit) |
| Requested Deductible: $        |
| Are there any special items requiring scheduled coverage: [ ]  Yes [ ]  No If yes, detailed list attached [ ]  Yes [ ]  No  |

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| **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 Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |