|  |
| --- |
| **NON-STANDARD OWNER-OCCUPIED RESIDENCE** –APPLICATION FOR INSURANCE |

This product is designed for homes that are primary, owner-occupied and may have been declined coverage by the standard market. This product can currently write homes with a dwelling limit up to $1,250,000 - for homes with a higher building limit, please return to the main menu in JET and select the High Value Home product.

**Instead of completing this application form, consider trying** [*JET*](http://www.forwardinsurance.ca)**, our self-serve platform.**

[*JET*](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [FORWARD](http://www.forwardinsurance.ca)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

|  |
| --- |
| **APPLICANT INFORMATION** |
|  |
| Applicant’s email address:(Required for e-signature) |       |
|  |  |
| Applicant Name (legal name): |       |
|  |  |
|  | Date of birth: |       |
|  |  |
|  | Please confirm the type of registered owner: | [ ]  Individual(s) | [ ]  Estate | [ ]  Trust | [ ]  Company |
|  |  |  |
|  | If Estate or Trust, Name of individual(s) living in the home:  |       |
|  |  |  |
|  |  | Date of birth of occupant: |       |
|  |  |  |
|  |  | Is the occupant paying rent? | [ ]  No [ ]  Yes |
|  |  |  |
|  | If Company, reason for company ownership? |       |
|  |  |  |
|  |  | Name of individual(s) living in the home: |       |
|  |  |  |
|  |  | Date of birth of the occupant: |       |
|  |  |  |
|  |  | Is the occupant paying rent? | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | Source of applicant’s income: |
|  |  |
|  | [ ]  Paid Employee  | [ ]  Self Employed  | [ ]  Retired  | [ ]  Homemaker  |
|  | [ ]  None - Benefits Assistance  | [ ]  None – Student  | [ ]  Other |  |
|  |  |  |  |  |
|  | If a Paid Employee or Self Employed, out of the last 12 months, how long has the applicant been employed? |       |
|  |  |  |  |
| Additional Applicant(s) Name(s): |       |
|  |  |
|  | Date of birth: |       |
|  |  |
|  | Please confirm the type of registered owner: | [ ]  Individual(s) | [ ]  Estate | [ ]  Trust | [ ]  Company |
|  |  |
|  | Source of applicant’s income: |  |
|  |  |
|  | [ ]  Paid Employee  | [ ]  Self Employed  | [ ]  Retired  | [ ]  Homemaker  |
|  | [ ]  None - Benefits Assistance  | [ ]  None – Student  | [ ]  Other |  |
|  |  |  |  |  |
|  | If a Paid Employee or Self Employed, out of the last 12 months, how long has the applicant been employed? |       |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Province of primary residence: |       |
|  |  |
| **MORTGAGES** |
|  |  |
| How many mortgages / liens / encumbrances are on the property? | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 or more |
|  |
|  | Is any mortgage held with a non-conventional or private lender?  | [ ]  No [ ]  Yes |
|  |
|  | If yes, how many non-conventional or private lenders are required to be listed on the policy? |       |
|  |  |
|  | If 3 or more, what is the reason for the third mortgage? |       |
|  |  |
|  | How much equity does the applicant retain in the home (%)? |       | % |
|  |  |  |  |
| Is the applicant behind / late in making their mortgage payments? | [ ]  No [ ]  Yes |
|  |  |
| **INSURANCE HISTORY** |
|  |  |  |
| Reason the risk is not standard market (check all that apply – PLEASE DO NOT LEAVE BLANK. At least one box must be selected.) |
|  |  |  |
|  | [ ]  Poor housekeeping / lack of maintenance | [ ]  Non-standard plumbing | [ ]  Age of roof |
|  | [ ]  Age of hot water tank | [ ]  Knob + tube | [ ]  Aluminum wiring |
|  | [ ]  Remote location | [ ]  Heritage designation | [ ]  60 amps |
|  | [ ]  Cancelled for non-payment | [ ]  Loss / claims history | [ ]  Wood heat |
|  | [ ]  Multiple or non-standard mortgages  | [ ]  Risk in a business name  | [ ]  Short-term rentals |
|  | [ ]  Risk in the name of the estate | [ ]  Mobile home | [ ]  First-time homeowner |
|  | [ ]  Gap in coverage | [ ]  Commercial occupancy | [ ]  House will be demolished |
|  | [ ]  Renovations / upcoming renovations | [ ]  Home is occupied by a relative | [ ]  Oil tank |
|  | [ ]  Multiple-unit dwelling/number of Rental  Units | [ ]  Unknown why standard market  declined |  |
|  |  |  |  |
| Has insurance ever been cancelled MID-TERM by a carrier (e.g. cancelled by registered letter)? | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | If yes, select reason: |  |  |
|  |  |  |  |
|  | [ ]  Claims record | [ ]  Non-Payment of premium | [ ]  Non-standard Mortgages |
|  | [ ]  Insurer did not provide explanation | [ ]  Other |  |
|  |  |  |  |
| Have there been any claims or losses (whether covered by insurance or not) at this location in the past 5 years? | [ ]  No [ ]  Yes |
|  |
| Claim 1 Details – Date:  |       |  |
|  |  |  |
|  | Type of loss: |  |
|  |  |  |
|  | [ ]  Aircraft or vehicle impact | [ ]  Arson | [ ]  Burglary | [ ]  Change in Temperature |
|  | [ ]  Earthquake | [ ]  Electrical Current | [ ]  Explosion | [ ]  Falling Object |
|  | [ ]  Fire | [ ]  Flood | [ ]  Freezing | [ ]  Hail |
|  | [ ]  Landside | [ ]  Lightning | [ ]  Malicious Acts | [ ]  Other-Liability |
|  | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup | [ ]  Smoke |
|  | [ ]  Storm | [ ]  Tenant Vandalism | [ ]  Water | [ ]  Wildfire |
|  | [ ]  Wind |  |  |  |
|  |
|  | Was damage professionally repaired? | [ ]  No [ ]  Yes | Is the claim open or closed?: | [ ]  Open [ ]  Closed  |
|  |  |  |  |
|  | How much was paid for this loss? | $      |  |
|  |  |  |  |
| Claim 2 Details – Date:  |       |  |
|  |  |  |
|  | Type of loss: |  |
|  |  |  |
|  | [ ]  Aircraft or vehicle impact | [ ]  Arson | [ ]  Burglary | [ ]  Change in Temperature |
|  | [ ]  Earthquake | [ ]  Electrical Current | [ ]  Explosion | [ ]  Falling Object |
|  | [ ]  Fire | [ ]  Flood | [ ]  Freezing | [ ]  Hail |
|  | [ ]  Landside | [ ]  Lightning | [ ]  Malicious Acts | [ ]  Other-Liability |
|  | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup | [ ]  Smoke |
|  | [ ]  Storm | [ ]  Tenant Vandalism | [ ]  Water | [ ]  Wildfire |
|  | [ ]  Wind |  |  |  |
|  |
|  | Was damage professionally repaired? | [ ]  No [ ]  Yes | Is the claim open or closed?: | [ ]  Open [ ]  Closed  |
|  |  |  |  |
|  | How much was paid for this loss? | $      |  |
|  |  |  |  |
| Claim 3 Details – Date:  |       |  |
|  |  |  |
|  | Type of loss: |  |
|  |  |  |
|  | [ ]  Aircraft or vehicle impact | [ ]  Arson | [ ]  Burglary | [ ]  Change in Temperature |
|  | [ ]  Earthquake | [ ]  Electrical Current | [ ]  Explosion | [ ]  Falling Object |
|  | [ ]  Fire | [ ]  Flood | [ ]  Freezing | [ ]  Hail |
|  | [ ]  Landside | [ ]  Lightning | [ ]  Malicious Acts | [ ]  Other-Liability |
|  | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup | [ ]  Smoke |
|  | [ ]  Storm | [ ]  Tenant Vandalism | [ ]  Water | [ ]  Wildfire |
|  | [ ]  Wind |  |  |  |
|  |
|  | Was damage professionally repaired? | [ ]  No [ ]  Yes | Is the claim open or closed?: | [ ]  Open [ ]  Closed  |
|  |  |  |  |
|  | How much was paid for this loss? | $      |  |
| **RISK INFORMATION** |
|  |
| Risk location address:  |       | City: |       |
|  |  |  |  |
| Province:  |       | Postal code/ ZIP code: |       |
|  |  |  |  |
| Is the home located on leased land? | [ ]  No [ ]  Yes |
|  |
|  | If yes, how long of a term remains in the land lease (number of years)? |       |
|  |  |  |
| Size of property in acres:  | [ ]  City sized lot  | [ ]  15 or less acres  | [ ]  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 |
|  |
|  | If yes, please provide details:  |       |
|  |  |  |
| **BUILDING INFORMATION** |
|  |
| Year built: |       |  |
|  |  |  |
| Type of building: | [ ]  Detatched (or semi)  | [ ]  Duplex  | [ ]  Triplex | [ ]  Fourplex  |
|  | [ ]  Fiveplex  | [ ]  sixplex+  | [ ]  Rowhouse/Townhouse | [ ]  Mobile  |
|  | [ ]  Mixed Use (Comm + Residential)  |  |  |
|  |  |  |  |  |
| Type of construction: | [ ]  Wood frame | [ ]  Concrete Block/Masonary | [ ]  Log | [ ]  Fire Resistive |
|  | [ ]  Clay | [ ]  Straw | [ ]  Modular/Prefab |  |
|  |
| Type of foundation: | [ ]  Poured Concrete | [ ]  Concrete Block | [ ]  Treated Lumber | [ ]  Brick/Stone |
|  | [ ]  Post + Pier |  |  |  |
|  |
| Number of stories: | [ ]  1 [ ]  2 [ ]  3 [ ]  4 or more |
|  |
| Square footage: |       |  |  |  |
|  |  |  |
| **BUILDING UPDATES** |
|  |  |  |
| **Renovations/ Demolition** |  |
|  |  |  |
| Will there be any construction or renovation activity on the premises during the next 12 months? | [ ]  No [ ]  Yes |
|  |  |  |
|  | If yes, please check all that apply: |  |  |
|  |
|  | [ ]  Basement finishing/reno  | [ ]  Kitchen, bathroom reno | [ ]  Addition to overall footprint of home  |
|  | [ ]  Raising home or addition of level | [ ]  Finishing garage to living space  | [ ]  Maintenance – windows, roof, siding  |
|  | [ ]  Repairing property damage from an incident  | [ ]  Foundation – reno/replace  | [ ]  Complete house remodel  |
|  | [ ]  Minor cosmetic (paint, flooring, cabinets) |  |  |
|  |
|  What is the budget for renovations?  | $      |  |
|  |  |  |
|  Will there be any structural renovations (e.g. adding or removing walls)? | [ ]  No [ ]  Yes |
|  |  |  |
| Will the home be demolished in the next 24 months?  | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, please describe: |       |
|  |  |  |
| **Electrical**  |  |  |
|  |
| How many amps is the electrical system? | [ ]  100 amps or more  | [ ]  Less than 100 amps  |
|  |
|  | If less than 100 amps, how many appliances are there in the home? (Ex. Washer, Dryer, Dishwasher, Fridge, Stove, Etc.) |
|  |  |
|  |       |
|  |  |
|  |  | Has the electrical system been inspected and approved by a licensed electrician? | [ ]  No [ ]  Yes |
|  |  |  |
|  |  | If yes, please attach a copy of the report. |
|  |  |
| Electrical Details:  | [ ]  Circuit Breakers  | [ ]  Fuses  | [ ]  Mixed – more than one of the above types |
|  |
| Type of wiring: | [ ]  Copper  | [ ]  Aluminum  | [ ]  Knob + Tube  | [ ]  Mixed – copper + aluminum |
|  |  |  |
|  | If there is any aluminum wiring, what percentage is aluminum and has it been inspected and approved by a licensed electrician? | [ ]  No [ ]  Yes |
|  |
|  | Percentage:  |       % |  |
|  |  |  |  |
| **Roof Details** |  |  |  |
|  |
| Material: | [ ]  Asphalt Shingles  | [ ]  Cedar  | [ ]  Clay / Slate  | [ ]  Rubber  | [ ]  Flat Deck/Tar+Gravel  |
|  | [ ]  Green  | [ ]  Metal  | [ ]  Straw  | [ ]  Thatched  | [ ]  Zinc  |
|  | [ ]  Multiple – more than one of above roof types  |  |  |
|  |
| Year of complete roof replacement:  |       |  |
|  |  |  |
| **Plumbing details** |  |  |
|  |  |  |
| Type(s): | [ ]  Copper, PEX, PVC, ABS  | [ ]  Polybutylene  | [ ]  Galvanized steel  | [ ]  Kitec  |
|  | [ ]  Cast Iron  | [ ]  Mixed – more than one of the above types of plumbing  |
|  |  |  |  |  |
| Year of plumbing update: |       |  |  |
|  |  |  |  |
| Year of hot water tank(s): |       |  |  |
|  |  |  |  |
| **Heating details** |  |  |  |
|  |  |  |  |
| What is the primary heat device/appliance to regularly heat the home?: |  |
|  |
|  | [ ]  Baseboard Electric | [ ]  Boiler – In floor radiant heat | [ ]  Boiler – water baseboard |
|  | [ ]  Combination – Forced Air Furnace  with add on wood burning unit | [ ]  Fireplace inserts | [ ]  Forced Air Furnace |
|  | [ ]  Heat pump | [ ]  Other | [ ]  Plug-in space heaters |
|  | [ ]  Radiant Ceiling Heat Panels - Electric | [ ]  Stoves (wood heat, pellet) | [ ]  Wall Furnace / Wall Heater |
|  | [ ]  Wood heat appliance |  |  |
|  |  |  |
| If other, please describe: |       |  |
|  |  |  |
| What is the primary heating fuel/source?: |  |  |
|  |
|  | [ ]  Natural Gas | [ ]  Propane | [ ]  Electricity | [ ]  Geothermal |
|  | [ ]  Oil | [ ]  Wood | [ ]  Solar | [ ]  Other |
|  |  |  |  |
| Does the home have a solid fuel heat device (other than a traditional fireplace)? | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | If yes, is wood heat the primary heat source? |  | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | Are more than 3 cords of wood / 2 tons of pellets burned annually? | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | Was the solid fuel heat device professionally installed? |  | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | Is there a passed WETT inspection on file? |  | [ ]  No [ ]  Yes\* |
|  |  |  |  |
|  | \*If yes, please attach a copy of the WETT inspection. |  |  |
|  |  |  |  |
|  | Have modifications been made to the solid fuel heat device? |  | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | **The applicant attests that the following risk management is in place at the home:** |  |
|  |  |  |
|  | The solid fuel heat device and chimney are cleaned every year prior to heating season? | [ ]  No [ ]  Yes |
|  |  |  |
|  | Ashes are disposed of in a metal, lidded container and placed on a non-flammable surface? | [ ]  No [ ]  Yes |
|  |  |  |
|  | At least 24 inches of clear space will be maintained from the solid fuel heat device to furniture, fuel, or other combustible materials? | [ ]  No [ ]  Yes |
|  |  |  |
| **Other** |  |  |
|  |  |  |
| Does the home have an oil tank? |  |
|  |  |
|  | If yes, year of oil tank: |       |  |
|  |  |  |  |  |
|  | Location of oil tank: | [ ]  Underground  | [ ]  Above ground in home  | [ ]  Above ground outside home  |
|  |  |  |
| Is there an operational centrally monitored burglar alarm system? | [ ]  No [ ]  Yes |  |
|  |  |  |
| Are there operational centrally monitored fire alarm system? | [ ]  No [ ]  Yes |  |
|  |  |  |
| Is there an operational sprinkler system? | [ ]  No [ ]  Yes |  |
|  |  |  |
| Is there a swimming pool? | [ ]  No [ ]  Yes |  |
|  |  |  |
|  | Is the pool fenced and is access to the area controlled (e.g. locked gate)? | [ ]  No [ ]  Yes |  |
|  |  |  |
| **OCCUPANCY** |
|  |  |  |
| Is this the applicant’s primary residence? | [ ]  No [ ]  Yes |  |
|  |  |  |
|  | If no, describe who occupies the home: |  |  |
|  |  |  |
|  | [ ]  Occupied by unrelated party  | [ ]  Occupied by immediate relatives  | [ ]  Occupied as secondary/ seasonal home  |
|  | [ ]  Rented to others  |  |  |
|  |  |  |
| Total number of self-contained units in the home? (including the owner’s living space) |       |
|  |  |  |
| Are there any self-contained rental units in the home? | [ ]  No [ ]  Yes |  |
|  |  |  |
|  | If yes, what type of rental? |  |
|  |  |  |
|  | [ ]  Long-term tenants | [ ]  Short-term tenants | [ ]  Short-term vacation (Airbnb) | [ ]  Bed and Breakfast |
|  |  |  |  |  |
| How many of the self-contained units will be RENTED? |       |  |
|  |  |  |  |  |
| Are there any roomers/ boarders (sharing living space with the Applicant(s))? | [ ]  No [ ]  Yes |
|  |  |  |  |  |
|  | If yes, how many individuals/ roomers? |       |  |
|  |  |  |  |  |
| Is occupancy 100% residential? | [ ]  No [ ]  Yes |  |
|  |  |  |  |  |
|  | If no, describe all occupancy:  |       |  |  |
|  |  |  |  |  |
|  | The Applicant(s) ensures the occupier maintains a CGL in place for this business? | [ ]  No [ ]  Yes |
|  |  |  |  |  |
| Is there any farming, business, or commercial operations on premises? | [ ]  No [ ]  Yes |
|  |  |  |  |  |
|  | If yes, what is the maximum number of customers, suppliers, vendors, or delivery persons that will attend the residence premises in any given week? |       |
|  |  |  |  |  |
|  | Please describe the operation: |       |  |  |
|  |  |  |  |  |
|  | The Applicant(s) ensures the occupier maintains a CGL in place for this business? | [ ]  No [ ]  Yes |
|  |  |  |  |  |
| **COVERAGES** |
|  |  |  |  |  |
| Select requested coverage (please select only one): |  |  |
|  |  |  |  |  |
|  | [ ]  E1F1A – Fire & Extended Coverage  | [ ]  A1A – Standard Form (Specific Perils)  |
|  |  |  |  |  |
|  | [ ]  A3A – Broad Form (All Risk Building/ Specific Perils Personal Property)  | [ ]  A2A – Comprehensive Form (All Risk Building & Personal Property)  |
|  |  |  |  |  |
| Residential Building Limit: | $      |  |  |
|  |  |  |  |  |
|  | If available, please attach the completed REPLACEMENT COST CALCULATOR |  |
|  |  |  |  |  |
|  | **NOTE** - Forward’s underwriting guidelines require that the home be valued in accordance with a current replacement cost calculator (RCT) or a minimum basic rebuild cost per square foot ($225 in BC, and $200 balance of Canada), whichever number is higher. Please ensure you are following this rule of thumb or the JET platform will trigger a referral to an underwriter, thereby delaying your quote. |
|  |  |  |  |  |
|  | \*10% limit for detached private structures + 60% limit for personal property is automatically included.  |
|  |  |  |  |  |
| Personal Liability: | [ ]  $1,000,000  | [ ]  $2,000,000  |  |
|  |  |  |  |  |
| Is sewer backup coverage requested? | [ ]  No [ ]  Yes | Is earthquake coverage requested? | [ ]  No [ ]  Yes |
|  |  |  |  |  |
|  |  |  |  |  |
| **ISSUANCE INFO** |
| Mailing address:  |       |
| **Wildfire + Flood**Is this risk located within 25 kms of a current wildfire? [ ]  Yes [ ]  NoIs this risk located in an area that is currently under flood warning? [ ]  Yes [ ]  No |
| **Mortgages** List in order ALL mortgagees, loss payees, additional interests+other interested parties (name+address)–*attach page if reqd* |
|  |
| Mortgagee 1 – Full Name of Legal Entity + Address, Province, Postal Code:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mortgagee 2 – Full Name of Legal Entity + Address, Province, Postal Code:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| Requested effective date: |       |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **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: |       |
|  |  |  |  |
| **Email completed apps to newpersonal@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.** |