Logo

Description automatically generated**RENTED RESIDENTIAL BUILDING -** Application for Insurance

Rented Residential Building product is for buildings (up to an 8 plex in size) that are tenanted on a short or long-term basis. If 100% student tenants, refer to Student Housing 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 Contact Email Address for E-Signature\* | | | |  | | |
|  | | | | | | |
| **\*PLEASE READ:** Applicant email is a **MANDATORY** field. Please ensure the email is correct, and do **NOT** substitute with a broker email.  JET utilizes this field to gather mandatory digital e-signature (a policy issuance requirement). | | | | | | |
|  | | | | | | |
| Applicant Name(s): | | |  | | | |
|  | | | | | | |
| Is the applicant a company? | | | No  Yes | | | |
|  | | | | | | |
| If yes, Name of principal(s): | | |  | | | |
|  | | | | | | |
| Date(s) of Birth: | | |  | | | |
|  | | | | | | |
| Province of Primary Residence: | | |  | | | |
|  | | | | | | |
| **MORTGAGES/LIENS/ENCUMBRANCES** | | | | | | |
|  | | | | | | |
| 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 |
|  |  | | | | |  |
|  |  | 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? | | | |  |  |
|  |  | | | | |  |
|  | If 3 or more, How much equity does the applicant retain in the home (%)? | | | | |  |
|  |  | | | | |  |
| Is the applicant behind/late in making their mortgage payments? | | | | | | No  Yes |

**ADDITIONAL INSUREDS**

**Note: Do NOT enter mortgage details here – mortgage details will be collected prior to binding.**

|  |  |  |  |
| --- | --- | --- | --- |
| Easements/foreshore etc.: List any entities to be added, that do NOT occupy the premises (e.g. Her Majesty…): | | | |
|  | | | |
|  | If applicable, add additional insureds not occupying the premises: | | |
|  |  | | |
|  | Name: | |  |
|  |  | |  |
|  | Reason: | | Easement  Foreshore  Other |
|  |  | |  |
|  | Describe: | |  |
|  |  | |  |
| Insurable Interest / Title: List any individuals with an insurable interest requiring Additional Insured status with respect to Residential Building? | | | |
|  | | | |
|  | If applicable, add individuals with an insurable interest: | | |
|  |  | | |
|  | Name: |  | |
|  | | | |

**INSURANCE LOSS & HISTORY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Has insurance ever been cancelled or refused for this property? | | | | | | No  Yes |
|  |  | | | | | |
|  | If yes, reason: |  | | | | |
|  |  |  | | | | |
|  | Due to gap in coverage | | | Due to upcoming renovations | | Due to being registered as a  company |
|  | Due to non-payment | | | Due to stand-alone rental | |
|  | Due to claims | | | Due to future demolition | |  |
|  | ☐ Other reasons – Describe: | | |  | |  |
|  |  | | |  | |  |
|  | Have there been any claims or losses (whether covered by insurance or not) at this location in the past 5 years? | | | | | No  Yes – *(include as attachment* |
|  |  | | | | |  |
|  | If yes, provide details: | |  | |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Claim 1 - Date of claim/loss: |  | | | |  |  |
|  | What was the type of loss? | | |  | |  |  |
|  | | | | | | | |
|  | Aircraft or Vehicle Impact | | Arson | | Burglary | | Change in Temperature |
|  | Electrical Current | | Explosion | | Falling Object | | Fire |
|  | Flood | | Freezing | | Hail | | Landslide |
|  | Lightning | | Malicious Acts | | Other - Liability | | Other - Property |
|  | Overland Water | | Riot | | Sewer Backup | | Slip & Fall |
|  | Smoke | | Storm | | Tenant Vandalism | | Theft |
|  | Vandalism | | Water | | Wildfire | | Wind |
|  |  | |  | |  | |  |
|  | Was damage professionally repaired? | | | | Yes  No | |  |
|  |  | | | |  | |  |
|  | How much was paid for this loss? | | | | $ | |  |
|  |  | | | |  | |  |
|  | Claim 2 - Date of claim/loss: |  | | | |  |  |
|  |  |  | | | |  |  |
|  | What was the type of loss? | | |  | |  |  |
|  | | | | | | | |
|  | Aircraft or Vehicle Impact | | Arson | | Burglary | | Change in Temperature |
|  | Electrical Current | | Explosion | | Falling Object | | Fire |
|  | Flood | | Freezing | | Hail | | Landslide |
|  | Lightning | | Malicious Acts | | Other - Liability | | Other - Property |
|  | Overland Water | | Riot | | Sewer Backup | | Slip & Fall |
|  | Smoke | | Storm | | Tenant Vandalism | | Theft |
|  | Vandalism | | Water | | Wildfire | | Wind |
|  |  | |  | |  | |  |
|  | Was damage professionally repaired? | | | | Yes  No | |  |
|  |  | | | |  | |  |
|  | How much was paid for this loss? | | | | $ | |  |
|  | Claim 3 - Date of claim/loss: |  | | | |  |  |
|  | What was the type of loss? | | |  | |  |  |
|  | | | | | | | |
|  | Aircraft or Vehicle Impact | | Arson | | Burglary | | Change in Temperature |
|  | Electrical Current | | Explosion | | Falling Object | | Fire |
|  | Flood | | Freezing | | Hail | | Landslide |
|  | Lightning | | Malicious Acts | | Other - Liability | | Other - Property |
|  | Overland Water | | Riot | | Sewer Backup | | Slip & Fall |
|  | Smoke | | Storm | | Tenant Vandalism | | Theft |
|  | Vandalism | | Water | | Wildfire | | Wind |
|  |  | |  | |  | |  |
|  | Was damage professionally repaired? | | | | Yes  No | |  |
|  |  | | | |  | |  |
|  | How much was paid for this loss? | | | | $ | |  |

**RISK INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risk location address: | |  | | | | City: |  | | | |
|  | |  | | | |  |  | | | |
| Province: | |  | | | | Postal 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 acress | | |
|  | | | More than 15 acres – Number of acres: | | | | |  | | |
|  | | | | |  | | |  | | |
| Has the risk location ever been evacuated or put on notice of evacuation due to a wildfire or flood? | | | | | | | | | | No  Yes |
|  | | | | | | | | | |  |
|  | If yes, provide details: | | |  | | | | | | |
|  |  | | |  | | | | | |  |

**BUILDING INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year built: |  | |  | | |  | |  | |
|  | |  | | | |  | |  | |
| Type of Building: | | Detached (or semi) | | | Duplex | | | | Triplex |
|  | | Fourplex | | | Fiveplex | | | | Sixplex |
|  | | More than 6 | | | Row House / townhouse | | | | Mobile |
|  | | Mixed Use (Comm. + Residential) | | | | | | |  |
|  | |  | | | | | | |  |
| Type of Construction: | | Wood frame | | | Concrete block / masonry | | | | 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 | | | | | | |  |
|  | |  | | | | | | |  |
| Total square footage (incl. basement if finished): | | | |  | | |  | |  |

**BUILDING UPDATES**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Renovations / Demolition** | | | | | |  | | |  | | |
|  | | | | | |  | | |  | | |
| Will there be any renovations to the home in the next 12 months? | | | | | | Yes No | | | | | |
|  | | | | | |  | | | | | |
|  | If yes, please check all that apply: | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | Minor cosmetic (paint, flooring, cabinets) | | | | | | Basement (finishing, renovations) | | | | |
|  | 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 | | | | |
|  | Complete home remodel | | | | | | Foundation (finishing, renovations) | | | | |
|  |  | | | | | |  | | | | |
|  | If yes, what is the budget for renovations? | | | | $ | | |  | | | |
|  |  | | | |  | |  | | | | |
| Will there be any structural renovations (e.g., adding or removing walls?) | | | | | | | Yes No | | | | |
|  | | | | | | |  | | | | |
| Will the home be demolished in the next 24 months? | | | | | | | Yes No | | | | |
|  | | | | | | |  | | | | |
|  | If yes, The Applicant(s) attests that the home will be maintained in a useable and safe condition right up until the commencement of demolition? | | | | | | | | | | Yes No |
|  |  | | | | | | | | | |  |
|  | If yes, The Applicant(s) understands that policy coverage will reduce should vacancy occur, and ceases after 30 days of vacancy and immediately at the time of demolition activities (please refer to policy forms)? | | | | | | | | | | Yes No |
|  |  | | | | | | | | | |  |
| **Electrical** | |  | | | | | | | | |  |
|  | |  | | | | | | | | |  |
| How many amps is the electrical system? | | | | 100 amps or more | | Less than 100 amps | | | | | |
|  | | | |  | |  | | | | | |
| Electrical system details: | | | | Circuit Breakers | | Fuses | | | | Mixed – more than one of the above types | |
|  | | | |  | |  | | | |  | |
| Type of wiring: | | | | Copper | | Aluminum | | | | Knob + Tube | |
|  | | | | Mixed – Aluminum, Copper and/or Knob + Tube | | | | | | | |
|  | | | |  | | | | | | | |
|  | If there is any aluminum wiring, what percentage is aluminum and has it been inspected and approved by a licensed electrician?  No  Yes – (attach copy of report) | | | | | | | | | | |
|  |  | Percentage: | |  | | |  | | | | |
|  |  |  | |  | | |  | | | | |
|  | If there is any knob + tube, what percentage is knob + tube and has it been inspected and approved by a licensed electrician?  No  Yes – (attach copy of report) | | | | | | | | | | |
|  |  | Percentage: | |  | | |  | | | | |
|  | | | | | | | | | | | |
| Is there any knob & tube wiring in any kitchen or laundry area(s)? | | | | | | | Yes No | | | | |
|  | | | | | | |  | | | | |
| Year of most recent electrical update: | | |  | | | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Roof** | | |  | | | | | | | | |  | |  | | | | | |  | | | | | | |  | |
|  | | |  | | | | | | | | |  | |  | | | | | |  | | | | | | |  | |
| 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** | | |  | | | | | | | | |  | |  | | | | | |  | | | | | | |  | |
| Type(s): | | | Copper, PEX, PVC, ABS | | | | | | | | | | | Polybutylene | | | | | | | | | | | | | Galvanized steel | |
|  | | | Kitec | | | | | | | | |  | | Cast Iron | | | | | | | | | | | | |  | |
|  | | | Mixed – more than one of the above types of plumbing | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Year of most recent plumbing update: | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
| Year of hot water tank(s): | | | |  | | | | | | |  | | | | | | | | | | | | | | | |  | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
| **Heating** | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
| What is the primary heat device/appliance to regularly heat the home? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Baseboard electric | | | | | | | | | Boiler – in floor radiant heat | | | | | | | | | | | | | Boiler – water baseboard | | | | | | |
| ☐ Heat pump | | | | | | | | | Forced air furnace | | | | | | | | | | | | | Radiant ceiling heat panels – electric | | | | | | |
| Plug-in space heaters | | | | | | | | | Wood heat appliance | | | | | | | | | | | | | Wall furnace / wall heater | | | | | | |
| Fireplace inserts | | | | | | | | | ☐ Stoves (wood heat, pellet) | | | | | | | | | | | | | ☐ Combination – forced air furnace with add on wood burning unit | | | | | | |
| ☐ Other – 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 traditional fireplace)? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | |
|  | If yes: is wood heat the primary source or are more than 3 cords of wood/ 2 tons of pellets burned annually? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Was the solid fuel heat device professionally installed? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Is there a passed WETT inspection on file? (if yes, attach copy) | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Have modifications been made to the solid fuel heat device? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 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? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Ashes are disposed of in a metal, lidded container and placed on a non-flammable surface? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| At least 24 inches of clear space will be maintained from the solid fuel heat device to furniture,  fuel, or other combustible materials? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Other** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the home have an oil tank? | | | | | | | | | Yes  No | | | | | | If yes, year of oil tank: | | | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |
| Are there operational smoke detectors? | | | | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | |
| *(Smoke detectors are mandatory – otherwise risk will be declined)* | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |
| Is there an operational sprinkler system? | | | | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |
| **OCCUPANCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |
| What is the shortest period of time the home will be rented out for? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |
| Annual | | Monthly | | | | | | | | Weekly (short-term eg. airbnb) | | | | | | | | | | | Daily (short-term eg. airbnb) | | | | | | | |
|  | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | If Weekly or Daily: Are these short-term vacation rentals (e.g. Airbnb, VRBO, or vacation rental managed by owner or property manager)?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many rented, self-contained (with full kitchen/separate entrance) units are there? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Basis of rental accommodation provided by landlord/applicant? | | | | | | | | | | | Renting entire home to one tenant (one rental/lease agreement) | | | | | | | | | | | | | | | | | |
| Renting multiple self-contained units (each with own kitchen and bath) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Renting home to students (do NOT proceed – go to the Student Housing product) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Rooming houses (collecting rent individually from each room occupier) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | If Rooming House: Total number of occupants: | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | If Rooming House: Please describe the tenants occupying the rooming house: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Tenants with full time employment | | | | | | | | | | | | | | | Tenants who are employees to the landlord | | | | | | | | | | | |
|  | | Tenants without full time employment | | | | | | | | | | | | | | | Tenants on social assistance | | | | | | | | | | | |
|  | | Students and employed tenants | | | | | | | | | | | | | | | Social housing | | | | | | | | | | | |
|  | | Hostel | | | | | | | | | | | | | | | Other – Describe: | | | | | | | |  | | | |
|  | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
| Who is responsible for regular checks on the property? | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | Individual / caretaker / manager (paid) | | | | | | | | | | | | | | | Friend /Relative in the area | | | | | | | | | | | |
|  | | Tenant | | | | | | | | | | | | | | | Property is not checked regularly | | | | | | | | | | | |
|  | | Owner (who lives within 2.5 hours drive of the property) | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | Owner (who lives more than 2.5 hours drive from the property | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Are there any commercial tenants in the building (Note: Airbnb/short-term rentals are NOT considered commercial for the purposes of this question)?  No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | If yes, please describe all occupancy: | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The Applicant(s) ensures the occupier maintains a CGL in place for this business. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Is there any farming, business, or commercial operations on premises? (short-term rental / AirBNB is not considered commercial for the purposes of this question)  No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | If yes, please describe: | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | If yes: The Applicant(s) ensures the occupier maintains a CGL in place for this business?  No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COVERAGE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Residential Building Limit\*: | | | | | $ | | | | | | | | |  | | | | | | | | | | | | | | |
|  | If applicable, please attach a completed REPLACEMENT COST CALCULATOR. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **NOTE** – Forward Insurance Managers LTD. 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 + $50,000 limit for landlord's contents or domestic appliances is automatically included* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Annual Rental Income Limit: | | | | | **$** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Premises Liability: | | | | | $1,000,000 | | | | | | | | $2,000,000 | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Deductible: | | | | | $1,000 (base deductible) | | | | | | | | $2,500 (reduces base property premium by approx. 3.5%) | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Is sewer backup coverage requested? | | | | | Yes  No | | | | | | | | Is earthquake coverage requested? | | | | | | | | | | | Yes  No | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **ISSUANCE INFO** | | |
| Mailing address: |  |
| **Wildfire + Flood**  Is this risk located within 25 kms of a current wildfire?  Yes  No  Is 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:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Policy Term Information** | | |
| Proposed Effective Date (MM/DD/YYYY):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | | | |
|  | | |  | | | | | | |
| **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. | | | | | | | | | |
| **Signature of Applicant(s):** | |  | | | | **Date:** | |  | |
|  | | | | | | | | | |
| **Brokerage:** |  | | | **Broker ID#:** |  | | **Broker Email:** | |  |
|  |  | | |  |  | |  | |  |
| **Email completed apps to newpersonal@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.** | | | | | | | | | |