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| --- |
| **STUDENT HOUSING** –Application for Insurance |

This is for single family and multi-unit dwellings which are rented to students.

**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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant’s email address  (Required for e-signature) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Name: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Is the Applicant a company? | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name of principal(s): | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Date of Birth: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Applicant Name(s): | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Is the Applicant a company? | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name of principal(s): | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Date of Birth: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Province of primary residence? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many mortgages / 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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | How much equity does the applicant retain in the home (%)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Is the Applicant behind/late in making their mortgage payments? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INSURANCE & LOSS HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has insurance ever been cancelled or refused for this property? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | If yes, please describe: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | 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 | | | | | | | | | | | | 2Wildfire | | | | | | |
| Wind | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Was damage professionally repaired? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | Is the claim open or closed? | | | | | | | | | | | | | Open  Closed | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | How much was paid for this loss? | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **Claim 2** Details – Date: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | 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 | | | | | | | | | | | | 2Wildfire | | | | | | |
| Wind | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Was damage professionally repaired? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | Is the claim open or closed? | | | | | | | | | | | | Open  Closed | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | How much was paid for this loss? | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **Claim 3** Details – Date: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | 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 | | | | | | | | | | | | 2Wildfire | | | | | | |
| Wind | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Was damage professionally repaired? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | Is the claim open or closed? | | | | | | | | | | | | Open  Closed | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | How much was paid for this loss? | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Type of building: | | | | | | | | | | | Detatched (or semi) | | | | | | | | | | | | | | | | | | | Duplex | | | | | | | | | | | | Triplex | | | | | | | | | | Fourplex | | | |
|  | | | | | | | | | | | Fiveplex | | | | | | | | | | | | | | | | | | | sixplex+ | | | | | | | | | | | | Rowhouse/Townhouse | | | | | | | | | | Mobile | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | |
| Type of construction: | | | | | | | | | | | Woodframe | | | | | | | | | | | | | | | | | | | 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: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | |
|  | Addition of another level to the house | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Finishing garage to living space | | | | | | | | | | | | | | | | Maintenance – windows, roof, siding | | | | | | | | |
|  | Repairing property damage from an incident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Foundation – reno/replace | | | | | | | | | | | | | | | | Complete house remodel | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 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: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | **BUILDING UPDATES** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Electrical** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many amps is the electrical system? | | | | | | | | | | | | | | | | | | | | | | | | | | | 100 amps or more | | | | | | | | | | | | | | | | | | | Less than 100 amps | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electrical Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | Circuit Breakers | | | | | | | | | | | | | | | | | | | Fuses | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | Mixed – more than one of the above types | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of wiring: | | | | | | | | | | | | | | | | | | | | | | | | | | | Copper | | | | | | | | | | | | | | | | | | | Aluminum | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | Knob + Tube | | | | | | | | | | | | | | | | | | | Mixed – Aluminum, Copper and/or Tube | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | If there is any aluminum wiring, what percentage is aluminum and has it been inspected and approved by a licensed electrician? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Percentage: | | | | | | % | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Is there a Knob + Tube wiring on the premises? | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | Percentage: | | | | | % | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Is there any Knob & Tube wiring in any kitchen or laundry area(s)?  No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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 | | | | | | | | | |
|  | | Wall Furnace / Wall Heater | | | | | | | | | | | | | | | | | | | | | | | | | | | Fireplace inserts | | | | | | | | | | | | | | | | | Forced Air Furnace | | | | | | | | | |
|  | | Heat pump | | | | | | | | | | | | | | | | | | | | | | | | | | | Other | | | | | | | | | | | | | | | | | Plug-in space heaters | | | | | | | | | |
|  | | Radiant Ceiling Heat Panels - Electric | | | | | | | | | | | | | | | | | | | | | | | | | | | Stoves (wood heat, pellet) | | | | | | | | | | | | | | | | | Combination – Forced Air Furnace  with add on wood burning unit | | | | | | | | | |
|  | | 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 or 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?  No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | If yes, year of oil tank: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
|  | | | | Location of oil tank: | | | | | | | | | | | | | | | Underground | | | | | | | | | | | | | Above ground in home | | | | | | | | | | | Above ground outside home | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Are there operational smoke detectors? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| Is there an operational sprinkler system? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| Is there a swimming pool? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| **OCCUPANCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many rented, self-contained units are there? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |
| Who lives in the home? | | | | | | | | | | | | | | | | | | Students | | | | | | | | | | | | | | | | | # of students?: | | | | | | |  | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | Rooming House (Unrelated Individuals) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | Other | | | | | | | | | | | | | | | | | Describe: | | | | | | |  | | | | | | | | | | | |  | |
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| Is this a fraternity or sorority house? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | No  Yes | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the owner’s child or relative live in the home? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | No  Yes | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who is responsible for the care and maintenance of the property? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| Individual/ caretaker/ manager (paid) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Owner (who lives within 2.5 hours drive of the property) | | | | | | | | | | | | | | | | | | | | |
| Owner (who lives more than 2.5 hours drive from the property) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Friend/ Relative | | | | | | | | | | | | | | | | | | | | |
| Tenant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other – Please describe: | | | | | | | | | | | |  | | | | | | | | |
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| Is there any farming, business, or commercial operations on premises? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | |
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|  | | | | | | If yes, please describe: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **COVERAGE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Residential Building Limit\*: | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | If available, please upload the completed REPLACEMENT COST CALCULATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | \*10% limit for detached private structures + $50,000 limit for landlord's contents or domestic appliances is automatically included | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 $200 balance of Canada), whichever number is higher. Please ensure you are following this rule of thumb or the JET platform will trigger a referral to an underwriter, thereby delaying your quote. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Annual Rental Income: | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Premises Liability: | | | | | | | | | | | | | | | | | | | $1,000,000 | | | | | | | | | | | | | | | | $2,000,000 | | | | | | | | | | | | | | | | | | | | |
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| Deductible: | | | | | | | | | | | | | | | | | | | $1,000 (base deductible) | | | | | | | | | | | | | | | | $2,500 (reduces base property premium by approx. 3.5%) | | | | | | | | | | | | | | | | | | | | |
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| Is sewer backup coverage requested? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | | | | | |
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| Is earthquake coverage requested? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | | | | | |
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| **ISSUANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mortgagee Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| List in order ALL mortgagees, loss payees, additional interests, and other interested parties (name and address): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name or Legal Entity Name: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Address: | | | |  | | | | | | | | | | | | | |
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| City: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Province: | | | | |  | | | | | | | | | | | | Postcode/ ZIP Code: | | | | | | | |  | | |
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| Full Name or Legal Entity Name: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Address: | | | |  | | | | | | | | | | | | | |
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| City: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Province: | | | | |  | | | | | | | | | | | | Postcode/ ZIP Code: | | | | | | | |  | | |
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| **Policy Term Information** | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | |
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| Proposed Effective Date (MM/DD/YYYY): | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | |
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| **Mailing Address** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | |
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| Address: | | | | | |  | | | | | | | | | | | | | | | | | | City: | | | | |  | | | | | | | | Province: | | | |  | | | | | | Postcode/ ZIP Code: | | | | | | | |  |
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| Wildfire + Flood | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | |
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| Is this risk located within 25km of a current wildfire? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |  | | | | | |  | | |
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| Is the risk located in an area that is currently under flood warning? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |  | | | | | |  | | |
| Please attach the completed REPLACEMENT COST CALCULATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant Signature: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | |
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| Brokerage: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Broker ID#: | | | | | |  | | | | | | | | | |
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| Broker Name: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Broker Email: | | | | | |  | | | | | | | | | |
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| **Email completed apps to** [**newpersonal@forwardinsurance.ca**](mailto:newpersonal@forwardinsurance.ca) **or for the quickest turnaround login to** [**JET**](http://www.forwardinsurance.ca)**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |