**PERSONAL CONTENTS IN STORAGE** – APPLICATION FOR INSURANCE

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| **APPLICANT INFORMATION:** | | | | | | |
| Applicant’s email address\*  (required for e-signature  +claims forms) | |  | | | | |
| Applicant Name (legal name of individual): | |  | | | | |
| Mailing address: | |  | | | | |
|  | | | |  | | |
| Have there been any previous claims or losses for contents in storage?  No  Yes - details:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
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| **STORAGE FACILITY** | | | |  | | |
| Storage Facility Name  Storage Facility Location:  *Address, city, province, postal code* | | |  | | | |
| Are contents stored inside a professional, fenced storage facility building which is hydrant protected and secured with 24-hour controlled access?  No  Yes | | | | | | |
|  | | | |  | | |
| Is anything being stored in the facility other than household goods?  No  Yes - details:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | |  | | |
| Contents are not covered in transit, during loading or unloading.  I understand and agree  Please refer to the policy form for complete details. | | | | | | |
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| **REQUESTED COVERAGE LIMITS** | | | | | | |
| Unit #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Value of Personal Contents: | $      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unit #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Value of Personal Contents: | $      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Deductible:  $250 (standard)  $1,000 Add $1,000,000 Tenants Legal Liability?  Yes  No  Required policy term (number of months):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ months  **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 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:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |