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| --- |
| **MANUFACTURED HOMES** –APPLICATION FOR INSURANCE |

Forward's Manufactured Homes product on JET is for primary and seasonal owner-occupied mobile homes, manufactured homes,
modular homes, park models, tiny homes and certain stationary permanently parked vacation trailers.

**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 Name (legal name): |       |
|  |  |
|  | Date of birth: |       |  |
|  |  |  |
|  | If Estate or Trust, Name of individual(s) living in the home:  |       |
|  |  |  |
|  |  | Date of birth of occupant: |       |
|  |  |  |
|  |  | Is the occupant paying rent? | [ ]  Yes [ ]  No |
|  |  |  |
|  | If Company, reason for company ownership? |       |
|  |  |  |
|  |  | Name of individual(s) living in the home: |       |
|  |  |  |
|  |  | Date of birth of the occupant(s): |       |
|  |  |  |
|  |  | Is the occupant(s) paying rent? | [ ]  Yes [ ]  No |
|  |  |  |  |
|  | Province of Primary Residence |       |  |
|  |  |
| **RISK INFORMATION** |
| **OCCUPANCY** |  |
|  |  |
| What is the occupancy of the home? |  |
|  | [ ]  Occupied by immediate relatives  | [ ]  Occupied by unrelated parties | [ ]  Owner occupied – primary residence |
| [ ]  Owner occupied – Seasonal/Secondary residence | [ ]  Rented to others | [ ]  Vacant (      # of weeks) |
|  |  |  |
|  |  |  |
| Are there any roomer / boarders (sharing living space with the applicant(s))? [ ]  Yes [ ]  No |
|  |
|  | If Yes, how many individual roomers or boarders share living space with the Applicant(s)? |       |
|  |  |  |
|  |  |  |
| Is there any smoking on premises? | [ ]  Yes [ ]  No |
|  |  |
| Is occupancy 100% residential? | [ ]  Yes [ ]  No |
|  | If No, Describe all occupancies |       |
|  |  |  |
|  | Does the applicant ensure the occupier maintains a CGL in place for this business? | [ ]  Yes [ ]  No |
|  |  |  |
| Is there any farming on premises? | [ ]  Yes [ ]  No |
|  | If Yes, What type of farming operation? |  |
|  | [ ]  Commercial Farm [ ]  Hobby Farm (less than $25,000 gross revenues) [ ]  Hobby Farm ($25,000 or more in gross revenues) |  |
|  |  |  |
| Is there any daycare, business, healthcare, homecare, social program or any commercial operations on premises (whether for profit or non-profit)? (Note: short-term rentals/Airbnb is not considered commercial for the purposes of this question.) | [ ]  Yes [ ]  No |
|  | If Yes, please describe the operation: |       |
|  |  |  |
|  | If Yes, What is the maximum number of customers, suppliers, vendors or delivery persons that will attend the residence premises in any given week? |       |
|  |  |  |
|  | Does the occupier maintain a CGL policy in place for this business? | [ ]  Yes [ ]  No |
|  |  |  |
| **OCCASIONAL SHORT-TERM RENTAL OF ENTIRE HOME** |
|  |
| Does the Applicant(s) allow short-term rentals of the ENTIRE HOME when the applicant is away? | [ ]  Yes [ ]  No |
|  | How often is the home rented short-term (number of weeks per year)? |       |
|  |  |  |
| **RENOVATIONS** |
|  |  |  |
| Will there be any construction / renovations to the building(s) or on the risk location premises in the next 12 months? | [ ]  Yes [ ]  No |
|  |  |
|  | If yes, please elaborate:  |  |
|  |  |  |
|  | What is the budget for renovations?  | $      |
|  |  |  |
|  | Will there be any structural renovations (eg. adding or removing walls)? | [ ]  Yes [ ]  No |
| **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?  | [ ]  Yes [ ]  No |
|  |  |  |  |
| Is the applicant behind / late in making their mortgage payments? | [ ]  Yes [ ]  No |
|  |  |
| **PRIOR INSURANCE** |
|  |  |  |
| Is the Applicant(s) a CURRENT Forward policyholder? | [ ]  Yes [ ]  No |
|  |
|  | Is the risk being quoted in this application currently insured with Forward? | [ ]  Yes [ ]  No |
|  |  |  |
|  | Is your brokerage the current broker of record for this account? | [ ]  Yes [ ]  No |
|  |  |  |
|  |  |  |
| Is the Applicant(s) a PREVIOUS (and no longer) Forward policyholder? | [ ]  Yes [ ]  No |
|  |  |
|  |  |
| Has the Applicant(s) ever been cancelled, non-renewed or refused insurance by Forward? | [ ]  Yes [ ]  No |
|  |  |
|  |  |
| Has insurance ever been cancelled, declined or refused? | [ ]  Yes [ ]  No |
|  |  |
|  | If yes, what was the reason? |  |
|  |  |  |  |
|  |  |  |  |
| Has there been continuous insurance on this property | [ ]  Yes [ ]  No |
|  |  |
|  |  |
| Have there been any claims or losses (whether covered by insurance or not) at this or other location(s) in the past 5 years? | [ ]  Yes [ ]  No |
|  |  |  |  |
|  |  |  |  |
| Claim 1 Details – Date:  |       |  |
|  |  |  |
|  | Type of loss: |  |
|  |  |  |
|  | Was damage professionally repaired? | [ ]  Yes [ ]  No | Is the claim open or closed? | [ ]  Open [ ]  Closed  |
|  |  |  |  |
|  | How much was paid for this loss? | $      |  |
|  |  |  |  |
| Claim 2 Details – Date:  |       |  |
|  |  |  |
|  | Type of loss: |  |
|  |  |  |
|  | Was damage professionally repaired? | [ ]  Yes [ ]  No | Is the claim open or closed? | [ ]  Open [ ]  Closed  |
|  |  |  |  |
|  | How much was paid for this loss? | $      |  |
|  |  |  |  |
| **RISK LOCATION** |
|  |
| Risk location address:  |       | City: |       |
|  |  |  |  |
| Province:  |       | Postal code/ ZIP code: |       |
|  |  |  |  |
|  |  |  |  |
| Is the manufactured home located in a manufactured home park community | [ ]  Yes [ ]  No |
|  |
|  |
| Size of property in acres:  |  |  |  |
| [ ]  Manufactured Home Park Pad  | [ ]  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?  | [ ]  Yes [ ]  No |
|  |  |
| Is this risk located within 25kms of a current wildfire? | [ ]  Yes [ ]  No |
|  |  |
|  |  |
| Is this risk located in an area that is currently under flood warning? | [ ]  Yes [ ]  No |
|  |  |  |
| **BUILDING INFORMATION** |
|  |
|  |
| Year manufactured/built: |       | Year applicant purchased home: |       |  |
|  |  |  |  |  |
| Square footage: |       |  |  |
|  |  |  |
|  |  |  |
| Type of structure: | [ ]  Double-wide manufacured home | [ ]  Stationery Vacation Trailer  |
|  | [ ]  Modular home [ ]  Single-wide manufactured home | [ ]  Triple-wide manufactured home  |
|  |  |  |
| Is the manufactured home fully blocked (on concrete blocks) and fully skirted? |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
|  |  |  |  |  |
| **ELECTRICAL**  |  |  |
|  |
| How many amps is the electrical system? |       amps |  |
|  |  |  |
|  | If less than 100 amps, how many appliances are there in the home? (Ex. Washer, Dryer, Dishwasher, Fridge, Stove, Etc.)  |      |
|  |   |  |
|  | If less than 100 amps, has the electrical system been inspected and approved by a licensed electrician?  | [ ]  Yes [ ]  No |
|  |  |  |
|  |  | If yes, please attach a copy of the report. |
|  |  |
|  |  |
| Electrical Details:  | [ ]  Circuit Breakers  | [ ]  Fuses  | [ ]  Mixed – more than one type |
|  |
| Type of wiring: | [ ]  Copper  | [ ]  Aluminum  | [ ]  Knob + Tube  | [ ]  Mixed – copper + aluminum 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? | [ ]  Yes [ ]  No |
|  |
|  | Percentage:  |       % |  |
|  |
|  | If there is any knob + tube wiring, what percentage is knob + tube and has it been inspected and approved by a licensed electrician? |  [ ]  Yes [ ]  No |
|  |  |  |  |
|  | Percentage:  |       % |  |
|  |  |  |  |
|  |  Is there is any knob + tube wiring located in the kitchen and/or laundry room? |  [ ]  Yes [ ]  No |
|  |  |  |  |
| Year of complete 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  |  |
|  | [ ]  Cast Iron  | [ ]  Kitec |  [ ]  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? |  |
|  |  |  |
| What is the primary heating fuel/source? |  |  |
|  |  |
| Does the home have a solid fuel heat device (other than a traditional fireplace)? |  [ ]  Yes [ ]  No |
|  |  |  |  |
|  | If yes, is wood heat the primary heat source? |  | [ ]  Yes [ ]  No |
|  |  |  |  |
|  | 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? |  | [ ]  Yes\* [ ]  No |
|  |  |  |  |
|  | \*If yes, please attach a copy of the WETT inspection. |  |  |
|  |  |  |  |
|  | 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: |       |  |
|  |  |  |  |  |
|  | Location of oil tank: | [ ]  Underground  | [ ]  Above ground in home  | [ ]  Above ground outside home  |
|  |  |  |
| Is there an operational centrally monitored burglar alarm system? | [ ]  Yes [ ]  No |  |
|  |  |  |
| Are there operational centrally monitored fire alarm system? | [ ]  Yes [ ]  No |  |
|  |  |  |
| Is there an operational water alarm system? | [ ]  Yes [ ]  No |  |
|  |  |  |
| Is there a swimming pool? | [ ]  Yes [ ]  No |  |
|  |  |  |
|  | Is the pool fenced and is access to the area controlled (e.g. locked gate)? | [ ]  Yes [ ]  No |  |
|  |  |  |
| **COVERAGES** |
|  |  |  |  |  |
| Select requested coverage (please select only one): |  |  |
| [ ]  All Perils  |  [ ]  Specified Perils |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Select Basis of Claim Payment: |  |  |
|  |  |  |
|  | [ ]  Guaranteed Replacement Cost  | [ ]  Replacement Cost  |  [ ]  Actual Cash Value |
|  |  |  |  |  |
| Manufactured Home Limit: | $      |  |  |
|  |  |  |  |
| Detached Private Structures limit: |       % | Personal Property: |      % |
|  |  |  |  |  |
|  |  |  |  |  |
| Personal Liability limit: | [ ]  $1,000,000  | [ ]  $2,000,000  |  |
|  |  |  |  |  |
| Is sewer backup coverage requested? | [ ]  Yes [ ]  No |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Is earthquake coverage requested? | [ ]  Yes [ ]  No |
|  |  |  |  |  |
|  |  |  |  |  |
| **DEDUCTIBLES** |
|  |
| Deductible as a result of WATER DAMAGE: | [ ]  $2,500  | [ ]  $3,500  | [ ]  $5,000  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Deductible (AOP): | [ ]  $500  | [ ]  $750  | [ ]  $1,000 |
|  | [ ]  $1,500 | [ ]  $2,000 |  |
|  |  |  |  |
|  |  |  |  |
| Reduce glass breakage deductible to $100? | [ ]  Yes [ ]  No |
|  |  |
|  |  |
| **ISSUANCE INFO** |
| **Mailing address:**       |
| **Mortgages -** list in order ALL mortgagees, loss payees, additional interests + other interested parties (name + address)– *Please attach page if required*  |
| 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 (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. |
|  |  |  |  |  |
| Applicant Signature: |       | Date: |       |
|  |  |  |  |
| Applicant Email: |       |  |  |
|  |  |  |  |
| 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)**.** |