

Brokerage:					
Broker Name:					
Broker Code:					
Client Information					
Named Insured:			Named Insured:		
Date of Birth:			Date of Birth:		
Marital Status:			Marital Status:		
Occupation - Employer:			Occupation - Employer:		
Property Information (Complete for Each Location)			Risk Protection & Loss Control (Complete for Each Location)		
Effective Date:			Central Fire Alarm:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full Location Address:			Central Burglary Alarm:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Distance to Fire Hydrant:	Within 300 m	Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Residence:	Yes <input type="checkbox"/> No <input type="checkbox"/>		Distance to Fire Station:	Within 8 km	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property Type:			Reverse Slope Driveway:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Square Footage:		Year Built:	Earthquake: Indicate # of Stories; Construction Type; Foundation; Roof Cover; Roof Age (if known):		
Replacement Value:	\$		Prior Insurance Information (Complete for Each Location)		
Contents Coverage:	%		Prior Insurance Experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Deductible:	\$		Prior Carrier:		
Personal Liability Limit:	\$		Cancelled/Non-Renewed/Gap in Insurance in the last 6 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Rental Exposure:			Duration of Insurance:		
Will This Home be Fully Occupied at Inception?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Years You Have Known Insured:		
Upcoming Renovations / Under Renovations?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Mortgage Information (Complete for Each Location)		
Prior Location Address (if less than 3 years at current address):			Number of Mortgages:		
			Mortgagee Name #1:		
			Mortgagee Name #2:		
Credits		1.	3.		
Advise if Any Apply:		2.	4.		
Loss History (Please provide loss history for a minimum of six years)					
Date of Loss	Loss Description			Amount Paid	
				\$	
				\$	
				\$	
Loss Mitigation: Please let us know if any loss mitigation work has been completed.					

Valuable Articles Coverage (VAC)							
Location Address (If Different Than Risk Address):							
		Blanket Value*			Itemized Value		
Jewellery - Out of Vault:		\$			\$		
Fine Art:		\$			\$		
Other (Please specify) :		\$			\$		
Scheduled jewellery and fine arts may qualify clients for additional credits on the primary location (see applicable Rate & Rule Manual). <i>*If blanket coverage, please specific number of items; value of largest and smallest item (\$50,000 per item limit under blanket coverage).</i>							
Excess Liability							
Request Limit:	\$	# of Vehicles:		# of Locations:		# of Watercraft:	
Driver Name	Member of Household	Date of Birth	Relationship to Insured	Driver's License #	Province	# of Infractions	# of Claims
1.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
4.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
5.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Watercraft							
Value	Hull ID	Length	Year	Make	Model	Horsepower	Max Speed
\$							
\$							
\$							
Additional Lines (Check additional products client is interested in quoting)							
Private Passenger Vehicle <input type="checkbox"/>		Classic Car <input type="checkbox"/>		CSIO applications or declaration pages can be provided			
Additional Comments/Details							

For Quebec only, do your client and all named insureds give consent to have their credit score accessed for the purpose of underwriting their insurance policy? Yes ☐ No ☐

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