Non-Standard Owner-Occupied Application



BROKER:	OKER: DATE:				
APPLICANT					
Insured's name:					
Mailing address:					
LOCATION DETAILS					
Location address:					
Mortgagee name and address:					
Year built:	Construction:		Total Area:		(sq. ft)
Years owned:	Number of	f stories:			
Dwelling type:	If other, pl	ease desc	ribe:		
Is this a heritage building?	□ YES	□ NO	Basement:	☐ YES	
Is the property an acreage?	□ YES	□ NO	If yes, how many acres?		
Number of animals/reptiles/pets	being raised or kept:				
Has any portion of the building	been remediated (due t	o mould, a	asbestos, grow ops etc.) in the		
past five years*?				☐ YES	
If yes to above question, please	e provide details:				
*proof of remediation may be required					
Electrical:	If other, pl	lease desc	cribe:		
Amperage:	If other, pl	lease desc	cribe:		
Electrical System:		Ele	ctrical system year updated:		
Plumbing type:		Plu	mbing year updated:		
Heating:	If other, pl	lease desc	cribe:		
Type of fuel:	If other, please describe:				
Auxiliary heating type:		He	ating system year updated:		
* additional questionnaire and photos re	equired <i>prior to binding</i>				
Roof type:		Ro	of year updated:		
PROTECTION					
Hydrant distance:		Fir	e hall distance:		
Fire extinguishers?			noke detectors?	□ YES	□ NO
LIABILITY DETAILS					
Indoor swimming pool:) Oi	itdoor swimming pool:	□ YES	□ NO
Indoor hot tub:			itdoor hot tub:	□ YES	
		3	itador not tab.	□ YES	
If outdoors, is pool/hot tub fenced and locked? Is any portion of the dwelling or land rented, leased or occupied by others?			□ YES		
•		occupied	by others?		
If yes to the above question, ple	•	7			
Is any portion of the dwelling us		6 2 (☐ YES	
If yes to the above question, ple	ease provide details:				
Is this a waterfront property?				☐ YES	
Does the property have piers, wharves or docks?				☐ YES	

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LIMITS OF INSURANCE

Building:	Contents:	Outbuildings:		
Valuation:	Premises liability li	mit:		
Sewer backup, earthquake,	flood, water damage	e, glass, bylaws and theft coverage	e not available.	
Has the broker seen the risk? Has any insurer cancelled, declined, of applicant within the past 5 years?	☐ YES ☐ NO r refused to renew or	Condition of the property: issue habitational insurance to the	□ YES	□ NO
f yes to the above question, please ex	xplain reasons:			
Previous insurer:		Expiry date:		

LOSS HISTORY

Please list **all** of the **insured's** losses from the previous 5 years:

Date of Loss	Insurer	Amount Paid/Reserve	Type and Cause of Loss	Opened or Closed

Additional comments:

CURRENT PHOTOS OF FRONT AND BACK OF RISK MUST ACCOMPANY QUESTIONNAIRE

Note:

Protect your investment by inspecting your property on a regular basis. Drive by it monthly and conduct walk throughs at least semi annually. Look for:

- Signs of poor housekeeping and upkeep
- Steamed, blacked out or foiled windows
- A higher than usual electric bill or modifications to the electrical system
- Excessive build up of any mildew/mould around the exhaust vents

These can indicate illegal activity being conducted on the premises. Exercise careful tenant selection.

I may have provided information in this document and by other means and I may in future provide further personal information. Some of this personal information may include, but is not limited to, my credit card information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluation of claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Applicant Signature:	Date:	

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