



APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

Insured Location: _____

Fire Hydrants: within 1000 feet over 1000 feet Distance to Firehall: within 8km within 13km Paid Volunteer

Home Phone: _____ Business Phone: _____ Fax Number: _____ Cel. Number: _____

Email Address: _____ Dates of Birth: _____

If you or any member of your household has had any claims or losses in the past five years, please provide the date of claim and also the amount paid or state "NONE": _____

Has any insurer cancelled, declined, or refused to renew or issue habitation insurance to you in the past 5 years? _____

Are there any smokers residing in the home? _____

Previously, have you ever had insurance? _____

- If yes, please provide previous policy company name and policy number. _____
- How long have you had insurance? _____ (years)

Have you lived in your current residence for at least 5 years? _____

- If no, please provide previous address? _____

Is there going to be a mortgage? Through whom (please provide mailing address)? _____

Please provide name and fax number of lawyer? _____

Please indicate possession date or current policy expiry date? _____

Do you work from home, have a home office, run a business, or do any other income producing activities on your premises? _____

HOME DETAILS

Number of Families: Single Duplex Triplex Fourplex Fiveplex Sixplex

Type of Home: Detached Semi-Detached End Row Townhouse Inside Row Townhouse

Style: Standard Colonial Queen Ann Victorian Ornate Victorian Contemporary (flat roof or angles)

HOME SYSTEMS UPDATES (if older than 25 years)

Heat: Age of Furnace/Boiler: _____ When last inspected: _____

Electrical: Type: Copper Aluminum Knob and tube Number of Amp Service: 60 amp 100 amp 200 amp
Circuit Breakers or Fuses or mixture: _____

Age of Electrical System and state any updates: _____

Plumbing: Type: Copper Galvanized Plastic Age of Plumbing System and state any updates: _____

Roof: Age of Shingles and state any updates: _____

HOME:	ADDITION 1 (if applicable):	ADDITION 2 (if applicable):
Age of Home (Yr. Built): _____ # of Stories ___(ie: cabover, bi-level, 1, 2) Total Living Area (excluding basement): _____ Square Feet Shape of House: <input type="checkbox"/> Square <input type="checkbox"/> Rectangular <input type="checkbox"/> Slightly irregular <input type="checkbox"/> Irregular <input type="checkbox"/> Very irregular	Age of Home (Yr. Built): _____ # of Stories: ___(ie: cabover, bi-level, 1, 2) Total Living Area (excluding basement): _____ Square Feet Shape of House: <input type="checkbox"/> Square <input type="checkbox"/> Rectangular <input type="checkbox"/> Slightly irregular <input type="checkbox"/> Irregular <input type="checkbox"/> Very irregular	Age of Home (Yr. Built): _____ # of Stories : ___(ie: cabover, bi-level, 1, 2) Total Living Area (excluding basement): _____ Square Feet Shape of House: <input type="checkbox"/> Square <input type="checkbox"/> Rectangular <input type="checkbox"/> Slightly irregular <input type="checkbox"/> Irregular <input type="checkbox"/> Very irregular
CEILING HEIGHT		
___ % Cathedral ___ % 8 Ft Ceilings ___ % 9 Ft Ceilings ___ % 10 Ft Ceilings 100 % TOTAL	___ % Cathedral ___ % 8 Ft Ceilings ___ % 9 Ft Ceilings ___ % 10 Ft Ceilings 100 % TOTAL	___ % Cathedral ___ % 8 Ft Ceilings ___ % 9 Ft Ceilings ___ % 10 Ft Ceilings 100 % TOTAL
BASEMENT		
___ % Slab <input type="checkbox"/> Hillside ___ % Crawlspace ___ % Full Basement ___ % Piers Foundation 100 % TOTAL <input type="checkbox"/> Daylight (Walkout) Basement % of Basement Finished _____ Custom Finish <input type="checkbox"/> yes <input type="checkbox"/> no	___ % Slab <input type="checkbox"/> Hillside ___ % Crawlspace ___ % Basement ___ % Piers Foundation 100 % TOTAL <input type="checkbox"/> Daylight (Walkout) Basement % of Basement Finished _____ Custom Finish <input type="checkbox"/> yes <input type="checkbox"/> no	___ % Slab <input type="checkbox"/> Hillside ___ % Crawlspace ___ % Basement ___ % Piers Foundation 100 % TOTAL <input type="checkbox"/> Daylight (Walkout) Basement % of Basement Finished _____ Custom Finish <input type="checkbox"/> yes <input type="checkbox"/> no
FOUNDATION		
___ % Concrete ___ % Block or wood ___ % Stone ___ % Brick 100 % TOTAL	___ % Concrete ___ % Block or wood ___ % Stone ___ % Brick 100 % TOTAL	___ % Concrete ___ % Block or wood ___ % Stone ___ % Brick 100 % TOTAL
ACCESS	EXTERIOR WALLS	ROOFING
Please define the access to the property: <input type="checkbox"/> Flat Area/Easy Access Roads <input type="checkbox"/> Difficult Access/By Train <input type="checkbox"/> Elevator Access <input type="checkbox"/> Island Access - short distance <input type="checkbox"/> Island Access - long distance <input type="checkbox"/> Congested Roads <input type="checkbox"/> Narrow Roads/Hillside Area <input type="checkbox"/> Isolated rural area	___ % Clapboard ___ % Logs ___ % Cedar ___ % Plywood ___ % Wood Siding ___ % Barn planks ___ % Wood Shakes ___ % Cement ___ % Brick Veneer Fiber Sheets ___ % Stone Veneer ___ % Glass ___ % Block (Painted) ___ % Adobe ___ % Steel Siding ___ % Poured ___ % Vinyl Siding Concrete ___ % Stucco on Frame ___ Other	___ % Asphalt/Fiberglass Shingles ___ % Wood Shingles <input type="checkbox"/> Victorian <input type="checkbox"/> New England ___ % Slate ___ % Built-up Tar & Gravel ___ % Clay Tile <input type="checkbox"/> Mission <input type="checkbox"/> Spanish ___ % Concrete Tile ___ % Copper ___ % Fiberglass Panel ___ % Rubber ___ % Tin ___ % Steel Roofing ___ % Foam ___ % Hail Proof
FRAMING/CONSTRUCTION		
___ % 2X4 ___ % 2X6 ___ % Steel ___ % Post & beam 100 % TOTAL	___ % Stucco on Block ___ % Solid Brick ___ % Solid Stone ___ % Aluminum Siding ___ % Exterior Insulation Finish System 100 % TOTAL	100 % TOTAL

OTHER	If you have any of the following please state size:
Do you have a <input type="checkbox"/> Garage <input type="checkbox"/> Carport If yes, how big (ie. 1, 2 car) _____ Type: <input type="checkbox"/> attached <input type="checkbox"/> detached <input type="checkbox"/> built in <input type="checkbox"/> basement garage Wood burning device in garage <input type="checkbox"/> yes <input type="checkbox"/> no Other detached structures <input type="checkbox"/> gazebo <input type="checkbox"/> cabana <input type="checkbox"/> shed <input type="checkbox"/> stable <input type="checkbox"/> other _____ Shed(s): _____ Sq. Ft. Stables: _____ Sq. Ft. Tennis Court <input type="checkbox"/> lighted <input type="checkbox"/> unlighted <input type="checkbox"/> clay <input type="checkbox"/> asphalt <input type="checkbox"/> grass <input type="checkbox"/> Basketball Court <input type="checkbox"/> Gazebo <input type="checkbox"/> Barbeque (built in) <input type="checkbox"/> Satellite Dish	Porch: <input type="checkbox"/> Open <input type="checkbox"/> Screened <input type="checkbox"/> Closed ____ Sq. Ft. Breezeway: <input type="checkbox"/> Open <input type="checkbox"/> Screened <input type="checkbox"/> Closed ____ Sq. Ft. Decks: <input type="checkbox"/> Pressure treated <input type="checkbox"/> Cedar <input type="checkbox"/> Composite/Plastic Solar/sun room: _____ Sq. Ft. Greenhouse: _____ Sq. Ft. Covered Patio: _____ Sq. Ft. Balcony: _____ Sq. Ft. Swimming Pool: <input type="checkbox"/> Above ground <input type="checkbox"/> In ground <input type="checkbox"/> Vinyl <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass Size? _____ Square Feet <input type="checkbox"/> Outdoor <input type="checkbox"/> Enclosed Is pool attached by deck to house <input type="checkbox"/> yes <input type="checkbox"/> no

INTERIOR WALLS	INTERIOR WALL COVERINGS	INTERIOR CEILINGS	FLOORING
_____ % Drywall	_____ %Paint	_____ % Drywall	_____ % Hardwood
_____ % Textured Drywall	_____ % Sponge coat	_____ % Textured Drywall	_____ % Wall to Wall carpet
_____ % Plaster	_____ % Faux finish	_____ % Plaster	over hardwood
_____ % Textured Plaster	_____ % Vinyl wallpaper	_____ % Textured Plaster	<input type="checkbox"/> Acrylic/nylon
_____ % Horsehair Plaster	_____ % Foil wallpaper	_____ % Horsehair Plaster	<input type="checkbox"/> Custom/acrylic
_____ % Studs Only	_____ % Grass cloth	_____ % Acoustical Tile	<input type="checkbox"/> Wool/Berber
_____ % Plywood Only	_____ % Ceramic	_____ % Sprayed Acoustical Tile	_____ % Wall to Wall carpeting
_____ %Block-masonry	_____ % Imported ceramic	_____ % Wood Sheet Panels	<input type="checkbox"/> Acrylic/nylon
_____ % Painted block	_____ % Marble Tile	_____ % Tongue & Groove	<input type="checkbox"/> Custom/acrylic
_____ %Brick/stone on	_____ % Wood veneer	_____ % Millwork	<input type="checkbox"/> Wool/Berber
Block	_____ % Solid Wood	_____ % Plank (2" thick)	_____ % Laminate
_____ % Glass Block	_____ % Tongue & Groove	_____ % Plywood	_____ % Ceramic Tile
_____ %Solid brick	_____ % Millwork	_____ % Tin	_____ % Imported Ceramic
_____ % Solid stone	_____ % Bookcase wall	_____ % Mirrors	_____ % Parquet
	_____ % Mirrors	_____ % Carpet	_____ % Plank (2" think)
	_____ % Brick facing	_____ % Stucco Finish	_____ % Plywood
	_____ % Stone facing	_____ % Recessed Lighting	_____ % Marble Tiles
	_____ % Terrazzo	_____ % Marble Tiles	_____ % Mural Tile
	_____ % Carpet	_____ % Metal Tiles	_____ %Flagstone
	_____ % Corkboard	_____ % Exposed Beams	_____ % Brick
	_____ % Pegboard		_____ % Slate
	_____ % Knotty Pine		_____ % Terrazzo Tiles
			_____ % Stone
			_____ % Concrete
			_____ % Granite
			_____ % Cork
			_____ % Rubber
			_____ % Vinyl
100 % TOTAL	100 % TOTAL	100 % TOTAL	100 % TOTAL

BATHROOMS	KITCHENS	HEATING & AIR CONDITIONING	BUILT INS / SPECIAL ITEMS
<p>Please select a style which best describe your bathrooms and indicate how many: _____</p> <p>Full Baths (3 or more pieces, one of which is a tub w/ shower)</p> <p><input type="checkbox"/> Basic</p> <p><input type="checkbox"/> Builder Grade</p> <p><input type="checkbox"/> Semi-custom</p> <p><input type="checkbox"/> Custom</p> <p><input type="checkbox"/> Designer</p> <p>Three Quarter Baths (3 pieces, one of which is a shower stall)</p> <p><input type="checkbox"/> Basic</p> <p><input type="checkbox"/> Builder Grade</p> <p><input type="checkbox"/> Semi-custom</p> <p><input type="checkbox"/> Custom</p> <p><input type="checkbox"/> Designer</p> <p>Half Baths (Toilet and sink)</p> <p><input type="checkbox"/> Basic</p> <p><input type="checkbox"/> Builder Grade</p> <p><input type="checkbox"/> Semi-custom</p> <p><input type="checkbox"/> Custom</p> <p><input type="checkbox"/> Designer</p> <p>Definitions Basic: 1 round white toilet, floor mounted with tank, 1 sm sink, wall hung or small vanity w/ laminate counter, sm mirror/medicine chest, 60x32 white tub, economy grade fixtures, 18" towel bar, shower curtain Builder's grade: larger sink, vanity w/ backer board, fiberglass door on pivot, may have ceramic tile, average fixtures Semi-Custom: Elongated floor mounted toilet, corian countertop, above average fixtures, larger medicine chest & mirror, sliding shower doors, tub & shower w/ non-slip finish Custom: made to measure 4' vanity, marble counter, 2 sinks, lights in mirror, jetted tub, 3X3 shower stall Designer: 6' made to measure vanity, 1 bidet, wall mount toilet, steam shower, Jacuzzi brand tub</p>	<p>Please select a style which best describes your kitchen and indicate how many: _____</p> <p><input type="checkbox"/> Basic</p> <p>Painted/Vinyl veneer cabinets</p> <p>Laminated countertop</p> <p>Sink & faucet</p> <p><input type="checkbox"/> Builder Grade</p> <p>As above, adding</p> <p>Prefinished plywood cabinet</p> <p>Good grade laminate counter</p> <p><input type="checkbox"/> Semi-custom</p> <p>Solid wood cabinets</p> <p>Pantry</p> <p>Revolving corner cabinet</p> <p>Counter & splash are high end laminate or solid surface</p> <p>Drinking water filter</p> <p><input type="checkbox"/> Custom</p> <p>Made to order wood cabinets</p> <p>Ceramic tile/marble/granite counters & splash</p> <p>Wood island with sink or range</p> <p>Built in fridge or oven</p> <p>Range hood</p> <p>Hot water dispenser</p> <p><input type="checkbox"/> Designer</p> <p>Peninsulas</p> <p>Motorized pantry</p> <p>Double oven</p> <p>Built in microwave</p> <p>Built in BBQ</p> <p>Made to order range hood</p> <p>Trash compactor</p> <p>Under cabinet lighting</p> <p>Extra sink/appliances</p>	<p>Type of Heat:</p> <p><input type="checkbox"/> Hot air <input type="checkbox"/> Hot water</p> <p><input type="checkbox"/> Steam <input type="checkbox"/> Baseboard</p> <p><input type="checkbox"/> Radiant floor heat</p> <p>Fuel Used:</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Propane <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Oil <input type="checkbox"/> Other</p> <p>Any Supplementary Heat (describe)</p> <hr/> <p>Fireplaces:</p> <p>_____ Single side _____ Double side</p> <p>_____ Triple side _____ Gas</p> <p>_____ Direct Vent _____ Kiva</p> <p>_____ Woodburning</p> <p>_____ Zero Clearance Insert</p> <p>_____ Freestanding Woodstove</p> <p>Air Conditioning:</p> <p><input type="checkbox"/> Central – same ducts _____%</p> <p><input type="checkbox"/> Central – separate ducts _____%</p> <p style="text-align: right;">100% Total</p> <p><input type="checkbox"/> Whole house fan</p> <p><input type="checkbox"/> Heat pump/geo-thermal</p> <p><input type="checkbox"/> Evaporative coolers</p> <p><input type="checkbox"/> Extra furnace</p>	<p>_____ % Central Vacuum System</p> <p>_____ % Central Fire Alarm</p> <p>_____ % Central Burglar Alarm</p> <p>Monitored: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Professionally Installed:</p> <p style="text-align: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>_____ % Intercom System</p> <p>_____ % Interior Sprinkler</p> <p>_____ Skylights</p> <p>_____ Jacuzzi (jetted tub)</p> <p>_____ Hot tub</p> <p style="text-align: right;"><input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor</p> <p>_____ Wet bar</p> <p>_____ Extra kitchen</p> <p>_____ Chair lift</p> <p>_____ Elevator</p> <p>_____ Wheelchair lift</p> <p>_____ Atrium windows</p> <p>_____ Atrium doors</p> <p>_____ Picture windows</p> <p style="text-align: center;">(over 40 sq ft)</p> <p>_____ Bay windows</p> <p>_____ Bow windows</p> <p>_____ Greenhouse windows</p> <p>_____ Stained glass windows</p> <p>_____ Sliding glass doors</p> <p>_____ Storm proof shutters</p> <p>_____ Deck skirting</p> <p>_____ French doors</p> <p>_____ Metal spiral staircase</p> <p>_____ Wood spiral staircase</p>
<p>OFFICE USE</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> Broad <input type="checkbox"/> Comprehensive</p> <p><input type="checkbox"/> Glass Rider (ded.\$ _____) <input type="checkbox"/> Sewer Backup \$ _____</p> <p><input type="checkbox"/> Deductible \$ _____ <input type="checkbox"/> Bylaws \$10,000</p> <p><input type="checkbox"/> Other Floater \$ _____ <input type="checkbox"/> Other Floater \$ _____</p> <p><input type="checkbox"/> Other Floater \$ _____ <input type="checkbox"/> Other Floater \$ _____</p>			



SEWER BACKUP APPLICATION

Insured: _____ Policy # _____

Address: _____ Postal Code: _____

1. How long have you lived at this location _____ (state year - 20??)

Do you have installed in your residence:

2. A Sewer Backwater Valve? Yes ___ No ___ Date Installed: _____

If YES which type of valve (check one)

___ Backwater Valve installed in the main sewer line with a flapper which protects all basement plumbing and catch basin.

___ Throat or Float type Backwater Valve (ball type) installed in the catch basin which protects just the catch basin.

3. A Sump Pit? Yes ___ No ___ Date Installed: _____

4. An Automatic Sump Pump? Yes ___ No ___ Date Installed: _____

On Many older houses, the eaves trough downspouts were directed back into the basement and connected to the basement sewer pipe installation.

5. Are the downspouts connected directly to your weeping tiles or sewer drain? Yes ___ No ___

If YES

a) Have the downspouts been disconnected from the sewer system (basement plumbing) and redirected to your yard? Yes ___ No ___

b) Are the downspout pipes that entered the basement now capped? Yes ___ No ___

6. Does your residence have plumbing in the basement (shower, toilet, sink)? Yes ___ No ___

7. How far away from your residence have the eaves trough downspouts been extended? Feet ___ Meters ___

8. Has your residence had any basement flooding or water damage in the past? Yes ___ No ___

9. Has your residence ever had a sewer backup incident during your occupancy? Yes ___ No ___

10. Has your residence ever had a sewer backup incident prior to your occupancy? Yes ___ No ___

11. If the answer to Question #8, #9 or #10 is "YES" give details below with regards to damages incurred to the best of your knowledge.

(Please indicate All occurrences separately if you have had more than one problem.)

a) Date of Loss _____ Amount of Damages _____

b) What was the cause of the water damage? _____

c) Was the damage insured? Yes ___ No ___

If the answer to question #11c is "YES" please give details below

Amount of Insurance: _____ Insurance Company: _____ Policy Number: _____

d) Was the damage repaired? Yes ___ No ___

e) What corrective measures have been taken? _____

I/We hereby declare that to the best of my/our knowledge and belief, all the answers provided above are in every respect true and I/We hereby apply for Sewer Backup Coverage based on the truth of said answers.

I/We hereby authorize that reports containing claims history may be sought and exchanged in connection with this application for insurance or renewal, extension or variation thereof.

Insured's Signature: _____ Date: _____

Limit Requested: _____

Replacement Cost:

Actual Cash Value:

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE

HOME BASEMENT WITH SUMP PUMP AND BACKWATER VALVE INSTALLATION

