

NO.	PRODUCER	COVERHOLDER
1 APPLICANT		TELEPHONE
a) Full Name		RESIDENCE ()
b) Principal Residence Address		BUSINESS ()
		2 PERIOD OF INSURANCE
		EFFECTIVE DATE
		DAY MONTH YEAR
		EXPIRY DATE
		POSTAL CODE

3 PERSONAL INFORMATION

a) Language Preferred ENGLISH FRENCH

b) Date of Birth:

DAY	MONTH	YEAR
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 (Optional)

c) Marital Status: _____ (Optional)

d) How many years have you resided in Canada? _____

e) Number of People in Residence: Family _____ Staff _____

f) Occupation and Position Held:

g) Are you an Officer or Director of any Club, Condominium Association or Volunteer Organization? YES NO
If yes, please state the name of organization and position held:

4 MORTGAGEES - Mortgagees / Loss Payees / Additional Interest and other interested parties (name and address)

7 PERSONAL PROPERTY

Please note there is limited blanket coverage included in the wording in respect of certain categories, i.e.:

Stamps / Coins / Furs / Jewellery / Silverware: } Please refer to your Broker for full list.

Please indicate value of the following categories:

DO YOU WISH SPECIFIC INSURANCE?	YES	NO	DO YOU WISH SPECIFIC INSURANCE?	YES	NO
\$ Antique Furniture	<input type="checkbox"/>	<input type="checkbox"/>	\$ Jewellery	<input type="checkbox"/>	<input type="checkbox"/>
\$ Cameras	<input type="checkbox"/>	<input type="checkbox"/>	\$ Musical Instruments	<input type="checkbox"/>	<input type="checkbox"/>
\$ Collectibles (describe)	<input type="checkbox"/>	<input type="checkbox"/>	\$ Oriental Rugs	<input type="checkbox"/>	<input type="checkbox"/>
\$ Computers	<input type="checkbox"/>	<input type="checkbox"/>	\$ Paintings, Fine Arts	<input type="checkbox"/>	<input type="checkbox"/>
\$ Furs	<input type="checkbox"/>	<input type="checkbox"/>	\$ Silverware	<input type="checkbox"/>	<input type="checkbox"/>
\$ Guns	<input type="checkbox"/>	<input type="checkbox"/>	\$ Stamps and Coins	<input type="checkbox"/>	<input type="checkbox"/>
\$ Hobby Equipment	<input type="checkbox"/>	<input type="checkbox"/>	\$ TV and Audio Equipment	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION OF COLLECTIBLES

**PLEASE NOTE:
VALUATIONS MAY BE REQUIRED
IN SOME INSTANCES**

8 LIMITS AND DEDUCTIBLES

PREMIUM

Deductible \$1,000 \$2,500 \$5,000 \$10,000 % _____ OTHER _____

\$ on Building (limit must not be less than 100% of the estimated replacement cost value)

\$ on Detached Buildings and Structures

\$ on Personal Property (unscheduled)

\$ on Additional Living Expenses

\$ on Liability Insurance (basic limit)

ADDITIONAL COVERAGES

SCHEDULED PERSONAL ARTICLES (Please submit detailed list of articles to be scheduled)

EARTHQUAKE PROTECTION ON BUILDING - deductible _____ % YES NO

OTHERS:

TOTAL PREMIUM

9 LOSS EXPERIENCE

Please describe all Property and Liability losses or claims during the last 5 years:

DATE DAY	MONTH	YEAR	AMOUNT	DESCRIPTION

10 PREVIOUS INSURER AND POLICY NUMBER(S)

11 HAS ANY INSURER DECLINED TO QUOTE OR CANCELLED?

YES NO If yes, give details

12 ADDITIONAL LIABILITY EXPOSURES

13 ADDITIONAL INFORMATION

Please disclose all other facts which may have an influence on the acceptance or assessment of this application.

DECLARATION

To the best of my knowledge and belief the information provided in connection with this application is correct and contains all the facts known to me which may have an influence on the acceptance and assessment of this application. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance.

DISCLOSURE

The applicant authorizes the Insurer and its mandataries to obtain from and exchange with the following persons and organizations any personal information relevant to the making performance and follow-up of the present contract: other insurers, financial institutions, personal information agents, agencies which collect data on risks and losses, organizations whose functions are the prevention, detection or repression of crimes and offences, market intermediaries, as well as any other person, public or private organizations or businesses, likely to provide the insurer information permitting determination of the premium, assessment of the risks and analysis of claims.
This consent will be valid with respect to any extension or renewal of the present contract.
A copy of this present authorization is as valid as the original.

SIGNATURE **X**

DATE