



HOME INSURANCE APPLICATION

NAMED INSURED: _____		HOME PHONE: _____		FAX: _____	
ADDRESS: _____		CITY: _____		PROVINCE: _____	
EMAIL ADDRESS: _____		MOBILE PHONE: _____		WORK PHONE: _____	
OWNERS NAME: _____		DATE OF BIRTH: _____		OCCUPATION: _____	
CO-OWNERS NAME: _____		DATE OF BIRTH: _____		OCCUPATION: _____	
<input type="checkbox"/> NEW POLICY		<input type="checkbox"/> POLICY RENEWAL		CURRENT POLICY EXPIRY: _____	
				HOW DID YOU HEAR ABOUT AIR1? _____	
CURRENT BROKER: _____		YEARS WITH: _____		CURRENT UNDERWRITER: _____	
				YEARS WITH: _____	
I would also like to receive a quote for the following:		<input type="checkbox"/> Business	<input type="checkbox"/> Marine	<input type="checkbox"/> Farm	<input type="checkbox"/> Aviation
		<input type="checkbox"/> Other			
Expiry Dates:		,20__	,20__	,20__	,20__

HOUSE (PROPERTY INFORMATION)

LOCATION: _____		CITY: _____	
ADDRESS: _____		PROVINCE: _____	
		POSTAL CODE: _____	
HOW MANY YEARS HAVE YOU LIVED AT THIS LOCATION? _____			

POLICY TYPE	USE	DETAILS
HOMEOWNERS <input type="checkbox"/>	PRINCIPAL <input type="checkbox"/>	NO. OF ADULTS: _____
TENANTS <input type="checkbox"/>	SECONDARY <input type="checkbox"/>	NO. OF FAMILIES: _____
CONDOMINIUM <input type="checkbox"/>	SEASONAL <input type="checkbox"/>	NO. OF SUITES: _____
OTHER: _____	RENTAL <input type="checkbox"/>	ARE SUITE/S SELF CONTAINED: _____
	OTHER: _____	COMMERCIAL OCC. : _____

PROPERTY DETAILS CONTINUED

YEAR BUILT: _____	PERCENTAGE OF FOUNDATION THAT IS:				SECOND LEVEL: _____
STYLE OF HOME: <i>(DETACHED, SEMI-DETACHED, TOWNHOUSE)</i>	BASEMENT	CRAWLSPACE	SLAB	OTHER*	THIRD LEVEL: _____
	%	%	%	%	PERCENTAGE OF BASEMENT THAT'S FINISHED: _____ %
STRUCTURE TYPE: <i>(1 STOREY, SPLIT LEVEL, BI LEVEL, ETC.) (EXCL. BASEMENT)</i>	SQUARE FOOTAGE OF: <i>(EXCL. BASEMENT)</i>				
	TOTAL LIVING AREA: _____				DOES BASEMENT HAVE DIRECT WALK-OUT: <input type="checkbox"/> YES <input type="checkbox"/> NO
OUTSIDE DIMENSIONS: <i>(Ex. 40ft. X 50ft.)</i>	*DESCRIBE: _____				

INTERIOR

HOUSE WALL PARTITIONS				WALL COVERING			
DRYWALL	%	PLASTER	%	WALLPAPER	%	PAINT	%
						OTHER*	%
HOUSE CEILINGS				FLOOR COVERAGE			
DRYWALL	%	PLASTER	%	HARDWOOD	%	CARPET	%
				LAMINATE	%	OTHER*	%
BATHROOMS <i>(Include how many full bath – 3 or more pieces or half bath - 2 pieces)</i>							
CUSTOM:	FULL	HALF	BUILDERS GRADE:	FULL	HALF	BASIC:	FULL
							HALF



KITCHENS (PLEASE INDICATE THE AMOUNT OF EACH)			
CUSTOM:	SEMI-CUSTOM:	BUILDERS GRADE:	BASIC:

FIREPLACE AND EXTRAS (PLEASE INDICATE THE AMOUNT OF EACH)			
WOOD PELLET STOVE:	WET BAR:	GAS FIREPLACE W/CHIMNEY:	HOT TUB:
SAUNA:	GAS – DIRECT VENT FIREPLACE:	JETTED TUB:	WOOD-STOVE FREE STANDING:
*WALL COVERING - NOTE DETAILS:		*FLOOR COVERING – NOTE DETAILS:	

EXTERIOR						
EXTERIOR WALLS (PERCENTAGE OF MATERIALS THAT ARE:)						
WOOD SIDING	%	SOLID STONE	%	VINYL SIDING	%	
SOLID BRICK	%	BLOCK (PAINTED)	%	CLAPBOARD	%	
STUCCO ON FRAME	%	ALUMINUM SIDED	%	OTHER:	%	
ROOFING MATERIALS:	ASPHALT/FIBERGLASS SHINGLES		%	OTHER:		%
	WOOD SHINGLES		%	AGE OF ROOF:		(YEARS)

ATTACHED STRUCTURES							
ATTACHED GARAGE:	<input type="checkbox"/> 1 CAR <input type="checkbox"/> 2 CAR <input type="checkbox"/> 3 CAR	BUILT IN GARAGE:	<input type="checkbox"/> 1 CAR <input type="checkbox"/> 2 CAR <input type="checkbox"/> 3 CAR	BASEMENT GARAGE:	<input type="checkbox"/> 1 CAR <input type="checkbox"/> 2 CAR <input type="checkbox"/> 3 CAR	CARPORT:	<input type="checkbox"/> 1 CAR <input type="checkbox"/> 2 CAR <input type="checkbox"/> 3 CAR

PORCHES			
OPEN PORCH	SQ. FT:	CLOSED PORCH	SQ. FT:
OPEN BREEZEWAY	SQ. FT:	CLOSED BREEZEWAY	SQ. FT:
BALCONY	SQ. FT:	DECK	SQ. FT:
OTHER:	SQ. FT:	DETAILS:	

DETACHED STRUCTURES						
DETACHED GARAGE:	<input type="checkbox"/> 1 CAR <input type="checkbox"/> 2 CAR <input type="checkbox"/> 3 CAR	DETACHED GARAGE W/FINISHED AREA:	<input type="checkbox"/> 1 CAR <input type="checkbox"/> 2 CAR <input type="checkbox"/> 3 CAR	GAZEBO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	SQUARE FOOTAGE OF FINISHED AREA IN GARAGE:
				SHED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
				BARN:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

IN-GROUND SWIMMING POOLS					
<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	<input type="checkbox"/> SMALL CONCRETE POOL BELOW 400 SQ. FT	<input type="checkbox"/> MEDIUM CONCRETE POOL BELOW 650 SQ. FT	<input type="checkbox"/> LARGE CONCRETE POOL BELOW 650 SQ. FT	<input type="checkbox"/> FIBREGLASS POOL BELOW 50 SQ. FT

SPECIAL ITEMS				
SKYLIGHT (SMALL):	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY:	DID YOU INCLUDE YOUR SUNROOM SQ. FT. IN THE FOOTAGE OF YOUR HOME.	<input type="checkbox"/> YES <input type="checkbox"/> NO
SKYLIGHT (LARGE):	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY:		
SUNROOMS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY:	IF NOT HOW MANY SQ. FT.:	



HEATING TYPE

PRIMARY TYPE OF HEATING: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> HOT WATER <input type="checkbox"/> FORCED AIR <input type="checkbox"/> OTHER:			
WHEN WAS PRIMARY SOURCE OF HEATING INSTALLED:		IF HOT WATER TANK WHEN WAS LAST UPDATE:	
SERVICED ANNUALLY: <input type="checkbox"/> YES <input type="checkbox"/> NO	AGE OF FURNACE:	AGE OF TANK: (OIL):	(HOT WATER):
LOCATION OF TANK: <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/> OTHER:			
HOME USING HEATING DUCTS: %	HOME USING SEPARATE DUCTS: %	HAS AN ELECTRIC PUMP: <input type="checkbox"/> YES <input type="checkbox"/> NO	

ELECTRICAL TYPE

AMP SERVICE: <input type="checkbox"/> 60 AMP <input type="checkbox"/> 100 AMP <input type="checkbox"/> 200 AMP <input type="checkbox"/> ELECTRICAL PANEL <input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES			
ELECTRICAL WIRING: COPPER: %	KNOB & TUBE: %	ALUMINUM: %	
PLEASE PROVIDE DETAILS OF ANY UPGRADES OR CHANGES MADE TO THE ELECTRICAL SYSTEM, INCLUDE DATES:			

PLUMBING TYPE

COPPER: %	PLASTIC: %	GALVANIZED: %	CAST IRON: %
PLEASE PROVIDE DETAILS OF ANY UPGRADES OR CHANGES MADE TO THE PLUMBING SYSTEM, INCLUDE DATES:			

COVERAGES REQUIRED

GUARANTEED REPLACEMENT COSTS: <input type="checkbox"/> YES <input type="checkbox"/> NO	RENTAL INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF AVAILABLE, DO YOU WANT OVERLAND FLOOD COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	EARTHQUAKE: <input type="checkbox"/> YES <input type="checkbox"/> NO
TENANTS IMPROVEMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO	SEWER BACK UP: <input type="checkbox"/> YES <input type="checkbox"/> NO
LIABILITY LIMIT:	

ADDITIONAL DETAILS

PLEASE DETAIL ANY RENOVATIONS OR ADDITIONS TO YOUR HOME THAT HAVE NOT YET BEEN DECLARED THAT EXCEED \$5,000 IN VALUE:			
IS YOUR HOME'S DISTANCE: TO FIRE HYDRANT WITHIN 300 METERS <input type="checkbox"/> YES <input type="checkbox"/> NO	TO FIRE HALL WITHIN 8 KM <input type="checkbox"/> YES <input type="checkbox"/> NO		

ADDITIONAL DETAILS CONTINUED

BURGLAR ALARM: <input type="checkbox"/> LOCAL <input type="checkbox"/> MONITORED	DOES YOUR MUNICIPALITY HAVE A SPRINKLER BY-LAW APPLICABLE TO RECONSTRUCTION: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF MONITORED, BY WHOM:	
IS THERE A MORTGAGE OR REGISTERED LINE OF CREDIT ASSOCIATED WITH THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE A FAMILY MEMBER OR ANY OCCUPANT CONDUCT OR OPERATE A BUSINESS FROM THIS RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN:	
IS ANY PART OF YOUR HOME RENTED OUT? DO YOU HAVE ANY HOME STAY STUDENTS OR BOARDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN:	
HAVE YOU HAD ANY CLAIMS IN THE LAST 5 YEARS? IF YES, PLEASE EXPLAIN:	



NOTES:

CONSENT AND DISCLOSURE

Where (a) an applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein: or (b) the insured contravenes a term of the contract or commits a fraud: or (c) the insured willfully makes a false statement in respect of a claim, a claim will become invalid and the insured's right to recovery is forfeited. The applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of his personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, sue and disclose any 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, evaluation 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.

SIGNATURE OF APPLICANT

DATE(YYYY/MM/DD)

SIGNATURE OF APPLICANT

DATE (YYYY/MM/DD)

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