



HOME INSURANCE APPLICATION

*PLEASE MAKE SURE TO FILL OUT ALL APPLICABLE INFORMATION

APPLICANT'S FULL NAME: HOME PHONE: FAX:
EMAIL ADDRESS: MOBILE PHONE: WORK PHONE:
INSURED NAME: DATE OF BIRTH:
OCCUPATION: YEARS CONTINUOUSLY EMPLOYED:
CO-INSURED NAME: DATE OF BIRTH:
OCCUPATION: YEARS CONTINUOUSLY EMPLOYED:
APPLICANT'S ADDRESS: CITY:
PROVINCE: POSTAL CODE:
NEW POLICY RENEWAL CURRENT POLICY EXPIRY: HOW DID YOU HEAR ABOUT AIR1?
CURRENT BROKER: YEARS WITH: CURRENT UNDERWRITER: YEARS WITH:
IF THIS IS A NEW POLICY, PLEASE STATE THE REASON:

I would also like to receive a quote for the following: Business Marine Farm Aviation Other
Expiry Dates:

DWELLING DETAILS

DWELLING ADDRESS: CITY:
PROVINCE: POSTAL CODE:
YEARS AT RESIDENCE:
OCCUPANCY DATE: IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS:
REPLACEMENT COST: \$ # OF STOREYS: # OF UNITS:
DATE EVALUTATION COMPLETED: DWELLING AREA: SQ FT (EXCLUDING BASEMENT)
OCCUPANCY TYPE: PRIMARY SEASONAL VACANT UNOCCUPIED
SECONDARY RENTAL UNDER CONSTRUCTION
SMOKERS: YES NO DATE OF BIRTH OF ELDEST OCCUPANT: RELATIONSHIP TO APPLICANT:

DWELLING ADDITIONAL SUITES / ROOMERS / EMPLOYEES

FAMILY UNITS: NUMBER OF ROOMERS: NUMBER OF SUITES:
ADDITIONAL SUITE: NONE RENTAL SUITE IN-LAW SUITE BASEMENT SUITE
NO. OF ON-PREMISES EMPLOYEES: NO. OF OFF-PREMISES EMPLOYEES: NO. OF CHAUFFEURS:

DWELLING STRUCTURE DETAILS

BASEMENT: NONE FINISHED UNFINISHED % YEAR BUILT:
RESIDENCE TYPE (IF APPLICABLE): GATED COMMUNITY CO-OP COMPLEX SENIORS COMPLEX SPECIAL CARE RESIDENCE
DWELLING STORIES: BATHROOMS: FULL: HALF:
DWELLING STYLE: DETACHED HOME TRIPLEX HOME INSIDE ROW HOME
SEMI-DETACHED HOME QUADPLEX HOME LOG HOME
DUPLEX HOME END ROW HOME HIGHRISE MOBILE HOME
EXTERIOR WALL FINISH: STUCCO BRICK VENEER SOLID STONE WOOD SIDING SOLID BRICK
VINYL SIDING STONE VENEER SOLID LOG ALUMINUM/METAL SIDING
EXTERIOR WALL FRAMING: WOOD FRAME CONCRETE BLOCK MASONRY/POURED CONCRETE LOG FIRE RESISTIVE
ROOF TYPE: METAL PANEL ROOF CEDAR SHINGLES CONCRETE TILE
FLAT DECK ROOF CEDAR SHAKES CLAY TILE/SLATE
ASPHALT/FIBERGLASS SHINGLES METAL SHINGLE / TILE
IMPACT RESISTIVE SHINGLES (CLASS 4) RUBBER TILE



AIR1 INSURANCE SERVICES LTD.

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Fax: 604.460.8788 or 1.866.372.2755

www.air1insurance.com

PROPERTY ACCESS:		<input type="checkbox"/> STANDARD URBAN LOT	<input type="checkbox"/> ZERO-CLEARANCE LOT	<input type="checkbox"/> HILLSIDE LOT	<input type="checkbox"/> WATERSIDE LOT		
		<input type="checkbox"/> RURAL AREA	<input type="checkbox"/> ISLAND / WATER ACCESS		<input type="checkbox"/> REMOTE AREA		
FOUNDATION TYPE:		<input type="checkbox"/> SLAB / CONCRETE SLAB	<input type="checkbox"/> CRAWLSPACE	<input type="checkbox"/> BASEMENT			
		<input type="checkbox"/> WALKOUT BASEMENT	<input type="checkbox"/> PIER / STILT	<input type="checkbox"/> HILLSIDE / ELEVATED			
		<input type="checkbox"/> POURED CONCRETE	<input type="checkbox"/> CONCRETE BLOCK	<input type="checkbox"/> STONE			
SWIMMING POOL:		<input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR:	<input type="checkbox"/> INDOOR	<input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND		
				<input type="checkbox"/> WITH FENCE	<input type="checkbox"/> WITHOUT FENCE		
GARAGE/ CARPORT:	ATTACHED GARAGE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	SIZE (HOLDS HOW MANY CARS):	<input type="checkbox"/> BUILT IN	<input type="checkbox"/> BASEMENT <input type="checkbox"/> OTHER:		
	ATTACHED CARPORT:	<input type="checkbox"/> YES <input type="checkbox"/> NO	SIZE (HOLDS HOW MANY CARS):				
DETACHED OUTBUILDING(S) / OTHER STRUCTURE(S) (ADDITIONAL LIMITS REQUIRED OR ANY HEATED OUTBUILDINGS):							
STRUCTURE NO.	YEAR BUILT	STRUCTURE TYPE	EXTERIOR WALL FRAMING	HEATING APPARATUS	FUEL	TOTAL AREA SQ. FT.	VALUE*
*INCLUDED IN DETACHED PRIVATE STRUCTURE LIMIT							
DWELLING HEATING DETAILS							
PRIMARY HEAT:	<input type="checkbox"/> CENTRAL – OIL, GAS, ELECTRIC		<input type="checkbox"/> OIL, ELECTRIC/WOOD COMBO		<input type="checkbox"/> SPACE HEATER		
	<input type="checkbox"/> GEO THERMAL/HEAT PUMP		<input type="checkbox"/> GAS/WOOD COMBO		<input type="checkbox"/> STOVE		
	<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> PELLET STOVE		<input type="checkbox"/> WOOD BURNING UNIT		
	<input type="checkbox"/> FIREPLACE		<input type="checkbox"/> RADIANT		<input type="checkbox"/> SOLID FUEL		
	<input type="checkbox"/> FIREPLACE INSERTS		<input type="checkbox"/> SOLAR	<input type="checkbox"/> HEAT PUMP	<input type="checkbox"/> OTHER:		
LOCATION:							
AUXILIARY HEAT:	<input type="checkbox"/> CENTRAL – OIL, GAS, ELECTRIC		<input type="checkbox"/> OIL, ELECTRIC/WOOD COMBO		<input type="checkbox"/> SPACE HEATER		
	<input type="checkbox"/> GEO THERMAL/HEAT PUMP		<input type="checkbox"/> GAS/WOOD COMBO		<input type="checkbox"/> STOVE		
	<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> PELLET STOVE		<input type="checkbox"/> WOOD BURNING UNIT		
	<input type="checkbox"/> FIREPLACE		<input type="checkbox"/> RADIANT		<input type="checkbox"/> SOLID FUEL		
	<input type="checkbox"/> FIREPLACE INSERTS		<input type="checkbox"/> SOLAR	<input type="checkbox"/> HEAT PUMP	<input type="checkbox"/> OTHER:		
LOCATION:							
RADIANT HEATING AREA SQ. M.			MAKE:		YEAR:		
ADDITIONAL SOLID FUEL UNITS:				ANNUAL WOOD CORDS BURNED:			
HEATING UNIT PROFESSIONAL INSTALLATION?			<input type="checkbox"/> YES <input type="checkbox"/> NO	HEATING UNIT ULC, CSA OR WH APPROVED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
OIL TANK:	<input type="checkbox"/> INSIDE		<input type="checkbox"/> UNDERGROUND		<input type="checkbox"/> OUTSIDE REINFORCED		
	<input type="checkbox"/> OUTSIDE		<input type="checkbox"/> INSIDE REINFORCED		<input type="checkbox"/> UNDERGROUND REINFORCED		
OIL TANK CONSTRUCTION:		<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> METAL	<input type="checkbox"/> SINGLE-WALLED STEEL	<input type="checkbox"/> DOUBLE-WALLED STEEL		
INSTALLED (YR):		OIL CONTAINMENT SYSTEM INSTALLED:		<input type="checkbox"/> YES <input type="checkbox"/> NO	ADDITIONAL OIL TANK(S) INSTALLED:		
DWELLING MECHANICAL SYSTEMS							
PLUMBING:	<input type="checkbox"/> COPPER	<input type="checkbox"/> COPPER / PVC	<input type="checkbox"/> IRON		<input type="checkbox"/> POLY B (POLYBUTYLENE)		
	<input type="checkbox"/> COPPER / ABS	<input type="checkbox"/> GALVANIZED STEEL	<input type="checkbox"/> PEX (CROSS-LINKED POLYETHYLENE)		<input type="checkbox"/> ABS		
ELECTRICAL:	<input type="checkbox"/> BELOW 60 AMP		<input type="checkbox"/> 60 AMP	<input type="checkbox"/> 100 AMP	<input type="checkbox"/> OVER 100 AMP		
HOT WATER TANK:	<input type="checkbox"/> GAS/ELECTRIC WATER TANK		<input type="checkbox"/> HEAT PUMP WATER TANK		<input type="checkbox"/> TANKLESS WATER HEATER		
ELECTRICAL PANEL:	<input type="checkbox"/> BREAKERS		<input type="checkbox"/> FUSES		<input type="checkbox"/> UNKNOWN		
ELECTRICAL WIRING:	<input type="checkbox"/> COPPER	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> KNOB AND TUBE	<input type="checkbox"/> MIX	<input type="checkbox"/> UNKNOWN		
SUMP PUMP:	<input type="checkbox"/> NONE	<input type="checkbox"/> FLOOR SUCKER	<input type="checkbox"/> PEDESTAL	<input type="checkbox"/> SUBMERSIBLE	<input type="checkbox"/> OTHER:		



SUMP BACKUP:		<input type="checkbox"/> NONE	<input type="checkbox"/> SUMP PUMP – BATTERY POWERED BACKUP	<input type="checkbox"/> SUMP PUMP – GENERATOR POWERED BACKUP		
		<input type="checkbox"/> SUMP PUMP	<input type="checkbox"/> SUMP PUMP - AUTOMATIC NO BACKUP	<input type="checkbox"/> SUMP PUMP – WATER POWERED BACKUP		
BACKFLOW VALVE:	<input type="checkbox"/> NONE	<input type="checkbox"/> FLAPPER	<input type="checkbox"/> GATE	<input type="checkbox"/> OTHER :		
				CHECK VALVE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
SUMP PIT:	<input type="checkbox"/> YES <input type="checkbox"/> NO	ALARMED SUMP:	<input type="checkbox"/> YES <input type="checkbox"/> NO	WATER SHUTOFF SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO		
SENSORS:	LEAK DETECTION SYSTEM:		<input type="checkbox"/> YES <input type="checkbox"/> NO	SEPTIC SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DWELLING UPGRADES						
ROOF:	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL	ELECTRICAL:	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL	HEAT: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL		
UPDATE YEAR:	_____	UPDATE YEAR:	_____	UPDATE YEAR:	_____	
HOT WATER TANK:	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL	SEWER BACKUP:	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL	PLUMBING: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL		
UPDATE YEAR:	_____	UPDATE YEAR:	_____	UPDATE YEAR:	_____	
DWELLING INTERIOR						
INTERIOR WALL HEIGHT:	<input type="checkbox"/> CEILINGS WALLS	HEIGHT: _____	FT	_____ %		
	<input type="checkbox"/> VAULTED CEILING	HEIGHT: _____	FT	_____ %		
	<input type="checkbox"/> CATHEDRAL CEILING	HEIGHT: _____	FT	_____ %		
INTERIOR WALL CONSTRUCTION:	TYPE: _____	_____	_____	_____ %		
	TYPE: _____	_____	_____	_____ %		
	TYPE: _____	_____	_____	_____ %		
INTERIOR FLOORING:	<input type="checkbox"/> VINYL SHEET, ROLL	_____ %	<input type="checkbox"/> CERAMIC TILE	_____ %		
	<input type="checkbox"/> VINYL TILE, 12" X 12"	_____ %	<input type="checkbox"/> HARDWOOD, LAMINATE	_____ %		
	<input type="checkbox"/> CARPET, NYLON	_____ %	<input type="checkbox"/> HARDWOOD, PARQUET	_____ %		
	<input type="checkbox"/> CARPET, WOOL	_____ %	<input type="checkbox"/> HARDWOOD, SOLID WOOD	_____ %		
	<input type="checkbox"/> SLATE / STONE TILE	_____ %				
CEILING CONSTRUCTION:	TYPE: _____	_____	_____	_____ %		
	TYPE: _____	_____	_____	_____ %		
	TYPE: _____	_____	_____	_____ %		
NUMBER OF KITCHENS:	_____					
NO.	QUALITY:	<input type="checkbox"/> BUILDERS GRADE	<input type="checkbox"/> CUSTOM	<input type="checkbox"/> OTHER:		
NO.	QUALITY:	<input type="checkbox"/> BUILDERS GRADE	<input type="checkbox"/> CUSTOM	<input type="checkbox"/> OTHER:		
NO.	QUALITY:	<input type="checkbox"/> BUILDERS GRADE	<input type="checkbox"/> CUSTOM	<input type="checkbox"/> OTHER:		
NUMBER OF BATHROOMS:	FULL:	_____	HALF:	_____		
DWELLING FIRE AND SECURITY						
FIRE PROTECTION:	<input type="checkbox"/> UNPROTECTED	<input type="checkbox"/> SUPERIOR SHUTTLE TANKER SERVICE	DISTANCE FROM CLOSEST HYDRANT: _____			
				DISTANCE FROM CLOSEST FIREHALL: _____		
FIREHALL NAME:	_____					
SECURITY SYSTEM:	FIRE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> LOCAL <input type="checkbox"/> MONITORED	MONITORED BY: _____		
	BURGLAR:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> LOCAL <input type="checkbox"/> MONITORED	MONITORED BY: _____		
	SMOKE DETECTORS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> LOCAL <input type="checkbox"/> MONITORED	MONITORED BY: _____		
DETECTOR TYPE:	_____	NO.:	_____	SECURITY TYPE: _____		
ALARM CERTIFICATE ATTACHED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	SPRINKLER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	WATER MITIGATION MEASURES IN PLACE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
LOSS HISTORY LOSS HISTORY REPORT DATE: _____						
HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE CHART BELOW						
LOSS DATE	LOC. #	CAUSE	CLAIM SETTLED	PAID AMOUNT	POLICY NUMBER	INSURANCE COMPANY
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			



LOSS HISTORY CONTINUED

			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			

POLICY HISTORY

FIRST TIME INSURED

HAS ANY INSURANCE COMPANY REFUSED TO PROVIDE INSURANCE IN THE PAST 5 YEARS? YES NO
 IF YES, INDICATE INSURANCE REFUSAL TYPE: CANCELLED DECLINED REFUSED RENEWAL RESTRICTED COVERAGE
 BY WHICH INSURANCE COMPANY: _____ REASON: _____
 PREVIOUS INSURANCE COMPANY: _____ POLICY NUMBER: _____ EXP DATE: _____
 SINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURANCE COMPANY? _____
 HAS IT BEEN CONTINUOUS? YES NO IF NO, PLEASE PROVIDE DETAILS: _____

CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY:
 LINE OF BUSINESS: _____ POLICY NUMBER: _____
 LINE OF BUSINESS: _____ POLICY NUMBER: _____
 LINE OF BUSINESS: _____ POLICY NUMBER: _____

MORTGAGE/LOSS PAYEE(S)

NAME: _____ NATURE OF INTEREST: _____
 NAME: _____ NATURE OF INTEREST: _____

COVERAGE: FORMS, LIMITS & DEDUCTIBLES

PACKAGE FORM AND TYPE				RATING PLAN	DED. \$	DED. TYPE	
DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED BASE PREMIUM
\$	\$	\$	\$	\$	\$	\$	\$

ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)

COVERAGE DESCRIPTION	COVERAGE REQUESTED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE
GUARANTEED REPLACEMENT COST BUILDING	<input type="checkbox"/> YES <input type="checkbox"/> NO			
REPLACEMENT COST ON CONTENTS	<input type="checkbox"/> YES <input type="checkbox"/> NO			
UNIT OWNERS BUILDING IMPROVEMENTS AND BETTERMENTS	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> YES <input type="checkbox"/> NO			
LOSS ASSESSMENT	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> YES <input type="checkbox"/> NO			
CONDOMINIUM CONTINGENT LEGAL LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO			
SINGLE LIMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
SEWER BACK-UP	<input type="checkbox"/> YES <input type="checkbox"/> NO			
IDENTITY THEFT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
RENTAL INCOME	<input type="checkbox"/> YES <input type="checkbox"/> NO			
BYLAWS ENDORSMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
EARTHQUAKE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
POST-EARTHQUAKE DAMAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
PERSONAL LIABILITY (UMBRELLA)	<input type="checkbox"/> YES <input type="checkbox"/> NO			



CONSENT & DISCLOSURE

WHERE (A) AN APPLICANT FOR THIS CONTRACT GIVES FALSE PARTICULARS TO THE PREJUDICE OF THE INSURER OR KNOWINGLY MISREPRESENTS OR AILS 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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BROKER QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? YES NO SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT? _____ HAVE YOU BOUND THIS RISK? YES NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? YES NO

IF YES, PROVIDE DETAILS: _____

HAVE YOU SEEN THE PRIMARY LOCATION? YES NO IF YES, WHEN: _____ CONDITION OF PROPERTY: GOOD FAIR POOR

BROKER NAME (Please print)	SIGNATURE OF BROKER	DATE (YYYY/MM/DD)
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