



Home / Tenant / Seasonal / General Dwelling / Condominium Application

Policy No.:	Auto. Payment Plan	Effective Time: 12:01 am Standard Time
		Effective Date: (Day/Month/Year) / /

Insured's Name and Mailing Address	Broker Name and Address
Postal Code: _____ Phone #: _____	
Birthdate: (Day/Month/Yr) / /	

Principal Dwelling Legal Location Lot: _____ Block _____ Plan: _____ Street Address: _____	Heating Underwriting Information Please check: Primary Heat Electric <input type="checkbox"/> Central Furnace <input type="checkbox"/> Combination Furnace <input type="checkbox"/> Air Tight Heater <input type="checkbox"/> Auxiliary Heat - Surcharges Apply Fuel Used _____ Type of Chimney _____ Fireplace <input type="checkbox"/> Air Tight Heater <input type="checkbox"/> Other (Attach Description)	Year Built: _____ Indicate year the following was updated: Electrical _____ Plumbing _____ Heating _____ Roof _____ Owner Occupied? Yes <input type="checkbox"/> No <input type="checkbox"/> Family Occupied? Relationship to Owner _____ Location Grade _____ Homeowner's Guarantee? Yes <input type="checkbox"/> No <input type="checkbox"/> Attach Home Evaluator Worksheet
In _____ SK _____		
Postal Code: _____		
Loss Payable if other than applicant: _____		

Name of Previous Insurer & Policy Number: _____
Claims in the past 5 years

Rating Info	Principal Dwelling	Rates: Standard <input type="checkbox"/> Preferred <input type="checkbox"/>	Basic Dwelling Premium \$
Home Pak A _____	Dwelling \$ _____	Deductibles: \$250.00 _____ \$500.00 _____ \$1,000.00 _____	Surcharges _____%
Home Pak B _____	Outbuildings \$ _____		Discounts _____%
Home Pak C _____	Belongings \$ _____	Options: Glass: \$20 Ded. _____	Total % _____ = _____
Seasonal Home _____	Additional Living \$ _____	Additional Bylaws \$ _____	Principal Dwelling Prem. \$ _____
Tenant Pak A _____	(Single Inclusive Limit is	Additional Fire Fighting \$ _____	Additional Coverage Charges:
Tenant Pak B _____	Included in Home Paks Only)		Extra Coverage of \$ _____ = \$ _____

ADDITIONAL DWELLINGS

Additional Dwellings	Type	Dwelling Type	Type of Coverage	Deductible	Value	x Rate =	Premium
Seasonal Dwelling	SD	Loc. #2 Dwelling Type _____	Dwelling _____	\$ _____	\$ _____	x _____ =	\$ _____
			Contents _____	\$ _____	\$ _____	x _____ =	\$ _____
Seasonal Mobile Home	SM	Location Grade: _____	Legal Loc #2: Lots _____	Street _____			
Condominium	Con	Year Built: _____	Block _____ Plan _____	In _____ Sk _____			
General Dwellings		Loc. #3 Dwelling Type _____	Dwelling _____	\$ _____	\$ _____	x _____ =	\$ _____
			Contents _____	\$ _____	\$ _____	x _____ =	\$ _____
Owner Occupied	Own	Location Grade: _____	Legal Loc #3: Lots _____	Street _____			
Rental Dwelling	Rent	Year Built: _____	Block _____ Plan _____	In _____ Sk _____			
Special Belongings & Boat/Motor (ATV's use ATV application)				Deductible	Value	x Rate =	Premium
					\$	x	= \$
					\$	x	= \$
					\$	x	= \$

Basic Liability Limit - \$1,000,000 \$2,000,000

Liability Premiums

Liability Extensions to Extra Locations: _____ \$ _____
 Boat & Motor Liability Extension: _____ \$ _____
 Other Liability Exposures: _____ \$ _____

Principal Dwelling Premium: _____ Extra Underwriting Notes: _____
 Optional Premiums: _____
 Other Premium: _____
 Additional Dwellings: _____
 Liability Premium: _____ 20 + _____
Total Policy Premium: _____

Consumer and Previous Insurer's Reports containing personal, credit, factual or investigative information about the application may be sought in connection with this application for insurance or a renewal, extension, or variation thereof.

Date completed (Day/Month/Year)

Insured's Signature

Agent's Signature