

RCT Evaluator

Closing date of new location: _____ or Current policy expiry date: _____

Do you have a mortgage? Yes No

If yes to #, please provide: Full name (mortgage): _____

Address of mortgage (including postal code): _____

Please provide lawyers fax #: _____

***Please note if new home closing we require minimum 5 business days to provide insurance binder.**

GENERAL INFORMATION

Policy Number: _____

Current Coverage: _____

Insured Name: _____

Date of Birth: _____

Property Address: _____

NUMBER OF FAMILIES:

1 2 3 4

Property Postal Code: _____

PROPERTY DATA

MAIN SECTION

Year Built: _____

- Pre-1930
 Pre-1940
 Standard

Number of Stories:

- 1-Storey 3-Storey
 1½-Storey 3½-Storey
 1¾-Storey 4-Storey
 2-Storey Bi-Level
 2½-Storey Tri-Level
 2¾ Storey

Style:

- Detached
 Semi-Detached
 Inside Row
 Townhouse End Row

Total Living Area: _____ square feet

(Excludes basement)

- _____% Cathedral Ceilings
 ____% 8' Ceilings
 ____% 9' Ceilings
 ____% Slab
 ____% Crawlspace
 ____% Basement ____ Daylight (Walkout)
 ____% Basement, Finished
 ____% Pier Foundation
 ____% Hillside Foundation

Foundation Type:

- Concrete
 Concrete Block

WING 1

Year Built: _____

- Pre-1930
 Pre-1940
 Standard

Number of Stories:

- 1-Storey
 1½-Storey
 2-Storey
 2½-Storey
 3-Storey

Total Living Area: _____

(Excludes basement)

- _____% Cathedral Ceilings
 ____% 8' Ceilings
 ____% 9' Ceilings
 ____% Slab
 ____% Crawlspace
 ____% Basement ____ Daylight (Walkout)
 ____% Basement, Finished
 ____% Pier Foundation
 ____% Hillside Foundation

Foundation Type:

- Concrete
 Concrete Block

WING 2

Year Built: _____

- Pre-1930
 Pre-1940
 Standard

Number of Stories:

- 1-Storey
 1½-Storey
 2-Storey
 2½-Storey
 3-Storey

Total Living Area: _____

(Excludes basement)

- _____% Cathedral Ceilings
 ____% 8' Ceilings
 ____% 9' Ceilings
 ____% Slab
 ____% Crawlspace
 ____% Basement ____ Daylight (Walkout)
 ____% Basement, Finished
 ____% Pier Foundation
 ____% Hillside Foundation

Foundation Type:

- Concrete
 Concrete Block

| EXTERIOR | | INTERIOR | |
|------------------------------------|--|--|--|
| <u>EXTERIOR WALLS</u> | <u>Percentage (Total of 100%)</u> | <u>BATHROOMS</u> | <u>Quantity</u> |
| Clapboard | _____ | Full Bath (3 fixtures) | _____ |
| Wood Siding | _____ | Ensuite Bath (4 fixtures) | _____ |
| Wood Shakes | _____ | Half Bath (2 fixtures) | _____ |
| Aluminum Siding | _____ | Please circle: basic, builder's grade, custom, designer | _____ |
| Vinyl Siding | _____ | <u>KITCHENS</u> | <u>Quantity</u> |
| Stucco on Frame | _____ | Please circle: basic, builder's grade, custom, designer | _____ |
| Brick Veneer | _____ | <u>PARTITIONS</u> | <u>Percentage (Total of 100%)</u> |
| Solid Brick | _____ | Drywall | _____ |
| Stone Veneer | _____ | Plaster | _____ |
| Solid Stone | _____ | <u>CEILING</u> | <u>Percentage (Total of 100%)</u> |
| Block (Painted) | _____ | Drywall | _____ |
| Exterior Insulation Finish System | _____ | Plaster | _____ |
| <u>ROOFING</u> | <u>Percentage (Total of 100%)</u> | <u>FLOORING</u> | <u>Percentage (Total of 100%)</u> |
| Asphalt/Fiberglass Shingle | _____ | Hardwood | _____ |
| Wood Shake | _____ | Carpet over Hardwood (Acrylic/Nylon) | _____ |
| Built-Up Tar & Gravel | _____ | Carpet over Hardwood (Custom Acrylic) | _____ |
| Clay Tile | _____ | Carpet over Hardwood (Wool/Berber) | _____ |
| Concrete Tile | _____ | Wall to Wall Carpet (Acrylic/Nylon) | _____ |
| Rubber | _____ | Wall to Wall Carpet (Custom Acrylic) | _____ |
| Tin | _____ | Wall to Wall Carpet (Wool/Berber) | _____ |
| Fiberglass Panel | _____ | Vinyl | _____ |
| Copper | _____ | Ceramic Tile | _____ |
| Steel Roofing | _____ | Ceramic Tile – Imported | _____ |
| <u>ATTACHED STRUCTURES</u> | <u>Quantity</u> | Parquet | _____ |
| Attached Garage – 1 Car | _____ | Plank | _____ |
| Attached Garage – 2 Car | _____ | Marble Tile | _____ |
| Attached Garage – 3 Car | _____ | Slate | _____ |
| Built-In Garage – 1 Car | _____ | Laminate | _____ |
| Built-In Garage – 2 Car | _____ | <u>HVAC</u> | <u>Quantity</u> |
| Built-In Garage – 3 Car | _____ | Fireplace – Single | _____ |
| Carport – 1 Car | _____ | Fireplace – Double | _____ |
| Carport – 2 Car | _____ | Fireplace – Triple | _____ |
| Carport – 3 Car | _____ | Wood Stove – Free Standing | _____ |
| <u>ATTACHED STRUCTURES</u> | <u>Square Feet</u> | Wood Stove – Zero Clearance Insert | _____ |
| Open Porch | _____ | Fireplace – Gas (Direct Vent) | _____ |
| Closed Porch | _____ | Electric Heat Pump (Using Heating Ducts) | _____ |
| Open Breezeway | _____ | <u>HVAC</u> | <u>Percentage (Total of 100%)</u> |
| Closed Breezeway | _____ | Central Air Conditioning – Using Heating Ducts | _____ |
| Deck | _____ | Central Air Conditioning – Using Separate Ducts | _____ |
| Patio Cover | _____ | NOTE: Do not include small window air conditioning units. | |
| Greenhouse | _____ | <u>BUILT-INS</u> | <u>Quantity</u> |
| Balcony | _____ | Interior Sprinkler System | _____ |
| Solar Room | _____ | Central Burglar Alarm System | _____ |
| <u>DETACHED STRUCTURES</u> | <u>Quantity</u> | Central Vacuum System | _____ |
| Detached Garage – 1 Car | _____ | Intercom System | _____ |
| Detached Garage – 2 Car | _____ | Central Fire Alarm System | _____ |
| Detached Garage – 3 Car | _____ | <u>BUILT-INS</u> | <u>Quantity</u> |
| Detached Garage with Finished Area | _____ | Extra Kitchen | _____ |
| Stable – Small | _____ | Skylight – Small | _____ |
| Shed – Small | _____ | Hot Tub | _____ |
| Gazebo – Small | _____ | Jacuzzi | _____ |
| Cabana – Small | _____ | Wet Bar | _____ |
| Swimming Pools | | | |
| Fiberglass/Vinyl (to 500 sq. ft.) | _____ | | |
| Concrete – Small (to 400 sq. ft.) | _____ | | |
| Concrete – Medium (to 650 sq. ft.) | _____ | | |
| Concrete – Large (to 900 sq. ft.) | _____ | | |

PLEASE ANSWER ALL QUESTIONS BELOW:

YES NO

| 1. Is there any knob & tube wiring? | | | | | | | | | | | | | | | | | | | | |
|---|--------------|--|--|--------------|---------|--------|--|---|---------|--|------------------------------|----------|--|----------------------------------|------|--|---|----------|--|--|
| 2. Is there any aluminum wiring? | | | | | | | | | | | | | | | | | | | | |
| 3. Do you currently have property insurance? | | | | | | | | | | | | | | | | | | | | |
| 4. If yes to #3, for how many years? _____ | | | | | | | | | | | | | | | | | | | | |
| 5. Do you rent out any portion of your residence? | | | | | | | | | | | | | | | | | | | | |
| 6. If yes to #5, do you require rental income coverage? | | | | | | | | | | | | | | | | | | | | |
| 7. Do you run a business from your residence? | | | | | | | | | | | | | | | | | | | | |
| 8. If yes to #7, what is the specific nature to your business? _____ | | | | | | | | | | | | | | | | | | | | |
| 9. If yes to #7, do you have current insurance coverage for your business? | | | | | | | | | | | | | | | | | | | | |
| 10. If yes to #9, what is the name of the insurance company and policy number of your business? Insurance Company: _____ Policy #: _____ | | | | | | | | | | | | | | | | | | | | |
| 11. Are you a non-smoker? | | | | | | | | | | | | | | | | | | | | |
| 12. Have you had any insurance claims in the past 5 years? | | | | | | | | | | | | | | | | | | | | |
| 13. Please indicate type of roof, heating, plumbing & ampage of wiring, and if house/cottage is over 20 years old - note the year of update. | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th>Year Updated</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>Wiring</td> <td></td> <td>Circle: ampage 60 / 100 / 200 Type: copper, aluminum, knob and tube</td> </tr> <tr> <td>Heating</td> <td></td> <td>Circle: gas / oil / electric</td> </tr> <tr> <td>Plumbing</td> <td></td> <td>Circle: copper / plastic / steel</td> </tr> <tr> <td>Roof</td> <td></td> <td>Circle: asphalt / rubber / metal / other specify: _____</td> </tr> <tr> <td>Oil Heat</td> <td></td> <td>Circle: Above ground, inside tank Above ground, outside tank Inground, inside tank Inground, outside tank Year of oil tank: _____</td> </tr> </tbody> </table> | | | | Year Updated | Details | Wiring | | Circle: ampage 60 / 100 / 200 Type: copper, aluminum, knob and tube | Heating | | Circle: gas / oil / electric | Plumbing | | Circle: copper / plastic / steel | Roof | | Circle: asphalt / rubber / metal / other specify: _____ | Oil Heat | | Circle: Above ground, inside tank Above ground, outside tank Inground, inside tank Inground, outside tank Year of oil tank: _____ |
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| Oil Heat | | Circle: Above ground, inside tank Above ground, outside tank Inground, inside tank Inground, outside tank Year of oil tank: _____ | | | | | | | | | | | | | | | | | | |
| 14. If home is over 25 years old, do you have an annual furnace service contract? | | | | | | | | | | | | | | | | | | | | |
| 15. Is your home hydrant protected? Distance to fire hall in kms _____ | | | | | | | | | | | | | | | | | | | | |
| 16. Cottages only: Woodstove? <input type="checkbox"/> Yes <input type="checkbox"/> No WETT certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Island cottage? <input type="checkbox"/> Yes <input type="checkbox"/> No Is cottage rented out? <input type="checkbox"/> Yes <input type="checkbox"/> No ; if yes, for how long each year? _____ Previous insurance lapsed, cancelled or declined? <input type="checkbox"/> Yes <input type="checkbox"/> No Propane fridge? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is cottage winterized? <input type="checkbox"/> Yes <input type="checkbox"/> No Maximum time cottage is not occupied? _____ Have all year road access? <input type="checkbox"/> Yes <input type="checkbox"/> No Hydrant protected? <input type="checkbox"/> Yes <input type="checkbox"/> No Distance to fire hall in kms _____ | | | | | | | | | | | | | | | | | | | | |

| | |
|---|---|
| X | X |
|---|---|

Insured's Signature

Date

COMPLETELY fill out this form. All information is required. Missing information will delay your quote and/or closing date. Promptly send form by fax to 1-877-227-0761