

APPLICATION FOR LANDLORD COVERAGE PLUS

Applicant:								FOR COMPANY USE ONLY							
Mailing Address:								Province		Location		Policy Form			
Policy Period		Day	Month	Year	to:		Day	Month	Year	Your policy will begin and end at 12:01a.m. on these dates.					
from:										<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					
Agent/Broker:								This Policy Replaces							
Street Address:								<input type="checkbox"/> Cancelled <input type="checkbox"/> Expired		ICPB		U/W			
City, Province, Postal Code:								Policy No.:							
Address of Location 1:								Agency No.:		Sub Agency No.:					
City, Province, Postal Code:								Company Code:		Branch Code:					
Address of Location 2:								If Direct Bill, how many installments?							
City, Province, Postal Code:								<input type="checkbox"/> One Pay <input type="checkbox"/> Two Pay <input type="checkbox"/> Three Pay							
Address of Location 3:								If Monthly Payment Plan:							
City, Province, Postal Code:								<input type="checkbox"/> Authorization attached <input type="checkbox"/> Void cheque attached							
Loss Payee(s) Name, Address & Postal Code:								Cheque enclosed for:							
								\$							
								Applicable to:		Loc. 1		Loc. 2		Loc. 3	
										<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
										<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

RATING INFORMATION

Note: if answer to any question is other than shown or if "Other" is checked, explain in Remarks

1. Protection	Loc. 1	Loc. 2	Loc. 3	5. Heating	Loc. 1	Loc. 2	Loc. 3								
Within 300 m of a hydrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furnace (central)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Within 13 km of responding firehall				Combination (with wood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
at:	<input type="checkbox"/>			Combination (without wood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
at:		<input type="checkbox"/>		Furnace (central) with add on wood burning unit*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
at:			<input type="checkbox"/>	Space Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Unprotected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2. Year Built				Fireplace Insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
If constructed over 25 years ago, indicate year the following were last renewed:				Solid fuel heating unit*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Electrical: <input type="checkbox"/> full <input type="checkbox"/> partial				Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Heating: <input type="checkbox"/> full <input type="checkbox"/> partial				Auxiliary*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Plumbing: <input type="checkbox"/> full <input type="checkbox"/> partial				Fuel used											
Roofing: <input type="checkbox"/> full <input type="checkbox"/> partial				<i>*Solid fuel heating questionnaire required.</i>											
If partial upgrading, describe in remarks.				6. Alarm System											
				Describe: <input type="checkbox"/>											
				Describe: <input type="checkbox"/>											
				Describe: <input type="checkbox"/>											
3. Construction				7. Coverage - Dwelling											
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loc. 1			Loc. 2			Loc. 3					
Brick Veneer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A - Dwelling Building											
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B - Detached Private Structures											
Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C - Personal Property											
Fire Resistive				D - Rental Income											
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E - Premises Liability											
4. Occupancy				F - Voluntary Medical Payments			\$2,000			\$2,000			\$2,000		
Occupied: <input type="checkbox"/> Yes				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>					
<input type="checkbox"/> No				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>					
(If "No", describe in remarks.)				G - Voluntary Property Damage			\$500			\$500			\$500		
				Deductible			\$			\$			\$		
				Surcharges			\$			\$			\$		
				Estimated Premium			\$			\$			\$		
Please attach a separate Replacement Value Estimator and photograph for each location.															

8. Coverage - Condominium	Loc. 1	Loc. 2	Loc. 3	9. Additional Coverages	Estimated Premium		
					Loc. 1	Loc. 2	Loc. 3
C - Personal Property				Guaranteed Replacement Cost - Building	\$	\$	\$
U - Unit Improvements and Betterments				Increased Rental Income	\$	\$	\$
U - Unit Additional Protection				Additional Liability Exposures (see below)	\$	\$	\$
U - Loss Assessments				Other (specify):			
D - Rental Income					\$	\$	\$

SUPPLEMENTARY RATING INFORMATION

		Loc. 1	Loc. 2	Loc. 3
1. Is there any access between units?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Type of Rental Agreement	Annual Lease: Monthly Rental: Other (Describe in Remarks):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Annual Rental Income				
4. How often does Insured inspect dwelling(s)?	Exterior: Interior:			
5. Is Rented Dwelling under the supervision of a professional Property Management Co.? If "Yes", how often is dwelling inspected? (Attach copy of agreement where available)	Yes No Exterior: Interior:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. How many tenants have occupied this dwelling in the past 3 years (i.e. Number of families)				
7. Are there any business pursuits on premises? (If so, describe in remarks)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Does tenant presently carry a minimum of \$500,000 Personal Liability Protection?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

ADDITIONAL LIABILITY EXPOSURES

Swimming Pool Fenced	Yes	Loc. 1	Loc. 2	Loc. 3	Others (Describe):
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loc. 1:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loc. 2:
					Loc. 3:
Max. depth:					

REMARKS

APPLICANT LOSS AND POLICY HISTORY

State all losses or claims by the applicant or other members of the applicant's household in the past 5 years.

Date (y/m/d):	Cause:	Amount:

Has any insurer cancelled, declined or refused to renew, or issue habitational insurance to the applicant within the past 5 years?

Yes No If "Yes", provide details:

Name of previous insurer:

Policy No.:

Expiration date (y/m/d):

List policy numbers of other insurance with this company:

Occupation:

Years continuously employed:

Has applicant changed address in last 3 years: Yes No

If "Yes", provide previous address:

owner tenant

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation thereof.

The answers above are correct to the best of my knowledge and belief.

Signature of Applicant: _____

Date (y/m/d): _____

AGENT/BROKER QUESTIONNAIRE

Is this business new to your office? No Yes

Amount of premium paid with this application: \$ _____

How long have you known the applicant?

Have you seen this property? No Yes

If "Yes", when (y/m/d): _____

Condition of property (including outbuildings)

Signature of Agent/Broker: _____

Date (y/m/d): _____