



COTTAGE INSURANCE APPLICATION FORM

PAC Direct Bill

INSURANCE IS PROVIDED FOR ONLY THOSE COVERAGES FOR WHICH FORMS ARE SPECIFIED AND A SPECIFIC LIMIT OF INSURANCE OR PREMIUM IS STATED BELOW

Applicant's Full Name (Last name, First name)	BROKER NAME:
Cottage Address	Broker Address:
Tel. Home () - Work () -	City:
Legal/Mailing Address of Applicant	Postal Code:
	Elite Broker Code:
	Name and address of MORTGAGEE(S):

Is cottage located on island? <input type="checkbox"/> yes <input type="checkbox"/> no				RCT Valuation with Photo <input type="checkbox"/> Attached <input type="checkbox"/> To follow <input type="checkbox"/> Not required				
POLICY PERIOD	DAY	MONTH	YEAR	TO	DAY	MONTH	YEAR	12 MONTH POLICY TERM ONLY 12:01 A.M. Standard Time at the Postal Address of the Named Insured as stated herein.
FROM								

LOSS & POLICY HISTORY State all losses or claims by the applicant or members of the applicant's household in the past 5 years.			
Date of Loss	Cause	Amount Paid	Insurance Company

Has any insurance company cancelled, declined, or refused to renew or issue Habitational insurance to the applicant within the past 5 years? YES NO
If YES, please provide details:

Name of previous insurance carrier: _____ Previous Policy Number: _____ Previous Policy Expiry Date: _____

DESCRIPTION OF PROPERTY INSURED			
Year Built	Construction Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Log Home <input type="checkbox"/> Brick <input type="checkbox"/> Post & Beam <input type="checkbox"/>	# of storeys _____ Sq. Footage _____ Gr. Fl Area _____	*Woodstoves-must have completed questionnaire
OCCUPANCY	Auxiliary Heat	HEATING	
Seasonal <input type="checkbox"/>	Woodstove* <input type="checkbox"/>	Primary Heating: Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Baseboard <input type="checkbox"/>	
Secondary <input type="checkbox"/>	Fireplace <input type="checkbox"/>	☛ If heating is OIL TANK: Indicate Age - _____ <input type="checkbox"/> Above ground <input type="checkbox"/> Below ground <input type="checkbox"/> (Include photo and oil tank questionnaire)	

Insurance is provided with respect to the following coverages to the extent of the specified limits of insurance applicable to each.									
Additional Exposure	PROTECTION GRADE	Renovated Updates	Full Partial Year						
Location rented to other: Yes <input type="checkbox"/> No <input type="checkbox"/> # of weeks _____ Note: A surcharge may apply-please refer to underwriting if greater than 30 days per year.	Plan A (within 13 km of firehall) <input type="checkbox"/> Plan B (over 13 km from firehall) <input type="checkbox"/>	Electrical Heating Plumbing Roof	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>						

SECTION I - PROPERTY COVERAGE-Single Limit				SECTION II - LIABILITY COVERAGE									
A	Building Value Wet boathouse	B	Detached Private Structure	C	Personal Property	D	Additional Living Exp.	E	Personal Legal Liability	F	Vol. Medical Payments	G	Vol. Property Damage
	\$ _____ \$ _____		\$ _____		\$ _____		\$ _____		\$ _____		\$ 2,000		\$500

Discounts Claims Free Discount <input type="checkbox"/> Mature Discount D.O.B. _____ <input type="checkbox"/> Log Home <input type="checkbox"/> Heat sensor <input type="checkbox"/>	Boat & Motor Hp _____ max. speed _____ length _____	Deductible \$ _____	Total Premium \$
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Consumer and previous insurer reports containing personal, 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 INSURED(S)	DATE	Broker's Signature
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