



154 Prince William St.
 PO Box 1500
 Saint John NB, E2L 4K3
 Canada

Homeowners Application

Mobile & Mini Home Application

Policy Number: _____ Replacing Policy Number: _____

Broker Name: _____

Broker City: _____

Phone: _____ Fax: _____

Principal Residence Tenant's Package Secondary Residence Seasonal Residence Condo Package

Name of Insured: _____

Postal Address: _____

Telephone Number: _____

Policy Period: From: _____ To: _____

BROKER REPORT

	Occupation	Years Continuously Employed	Date of Birth
Applicant	_____	_____	_____
Co-Applicant	_____	_____	_____

Previous Insurer _____ Policy Number: _____

Has any Company Refused, Cancelled, Declined to Renew Applicant? Yes No

If yes, give details: _____

PREVIOUS CLAIMS IN PAST 5 (FIVE) YEARS

Date of Loss (mm/dd/yy)	Full Details of Loss	Amount Paid or Reserved

How long has Applicant lived at this location? _____

Is there any Commercial Exposure on the premises? Yes No

If yes, describe: _____

If a tenant is above a restaurant, is there an approved CO₂ system? Yes No
 Is this New Business to your office? Yes No How long have you known applicant? _____
 Is Client financially acceptable to your office? Yes No
 Have you personally seen this property? Yes No Condition of Property: Good Fair Poor
 Is there any Knob & Tube or Aluminum wiring in the dwelling? Yes No
 Is property for Sale? Yes No If yes, please provide details: _____
 If risk is a Mobile/Mini Home, does risk have Tie-Downs? Yes No
 Is risk located in a Mobile/Mini Home Park/Subdivision? Yes No

LOCATION #1

Year Dwelling Built: _____
 Legal Address: _____
 _____ Postal Code: _____

LOSS PAYABLE (Incl. FULL mailing address)

 Amount owing on ALL mortgages \$ _____

OCCUPANCY

Primary Secondary Seasonal Rental Unoccupied
 Vacant Under Construction Other (describe): _____

CONSTRUCTION Frame Brick Veneer Masonry Fire Resistive
STRUCTURE Detached Semi-Detached Townhouse Row House Duplex
 Triplex Multi-Plex Apt. Bldg. - # of Units ____ Mobile
 Mercantile – Describe: _____

HEATING	Fuel	Primary	Auxiliary
Furnace (Central)			
Combination with Wood			
Electric			
Space Heater			
Fireplace Insert			
Solid Fuel Heating Unit			
Furnace (central) with add on wood burning unit			

UPDATES	Full	Partial	Year
Electric # of amps			
Heating			
Plumbing			
Roof			

A Woodstove Questionnaire must accompany application

If updates are Partial, describe: _____

OIL TANK Inside Outside Above Ground In Ground Age: _____

An oil tank questionnaire must accompany application

PROTECTION GRADE Within 300m of a Hydrant Within 8km of a Fire Hall Unprotected

ALARMS Burglary Central Fire Central Low Temp. Central
 Local Local Local

Optional Coverage's: Sewer Backup Mass Evacuation Earthquake Lock Replacement

DETACHED STRUCTURE Yr. Built: _____ Size: _____ Construction: _____

Heat: _____ Use: _____

Package Form and Type:				Deductible:		
Dwelling Building	Detached Private Structures	Personal Property	Additional Living Expenses	Legal Liability	Voluntary Medical Payments	Voluntary Property Damage
\$	\$	\$	\$	\$1,000,000	\$2,500	\$500

LOCATION #2

Year Dwelling Built: _____

Legal Address: _____

Postal Code: _____

LOSS PAYABLE (Incl. FULL mailing address)

Amount owing on ALL mortgages \$ _____

OCCUPANCY

Primary Secondary Seasonal Rental Unoccupied

Vacant Under Construction Other (describe): _____

CONSTRUCTION Frame Brick Veneer Masonry Fire Resistive

STRUCTURE Detached Semi-Detached Townhouse Row House Duplex

Triplex Multi-Plex Apt. Bldg. - # of Units _____ Mobile

Mercantile – Describe: _____

HEATING	Fuel	Primary	Auxiliary
Furnace (Central)			
Combination with Wood			
Electric			
Space Heater			
Fireplace Insert			
Solid Fuel Heating Unit			
Furnace (central) with add on wood burning unit			

UPDATES	Full	Partial	Year
Electric # of amps			
Heating			
Plumbing			
Roof			

A Woodstove Questionnaire must accompany application

If updates are Partial, describe: _____

OIL TANK Inside Outside Above Ground In Ground Age: _____

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PROTECTION GRADE Within 300m of a Hydrant Within 8km of a Fire Hall Unprotected

ALARMS **Burglary** Central **Fire** Central **Low Temp.** Central

Local Local Local

Optional Coverage's: Sewer Backup Mass Evacuation Earthquake Lock Replacement

DETACHED STRUCTURE Yr. Built: _____ Size: _____ Construction: _____

Heat: _____ Use: _____

Package Form and Type:				Deductible:		
Dwelling Building	Detached Private Structures	Personal Property	Additional Living Expenses	Legal Liability	Voluntary Medical Payments	Voluntary Property Damage
\$	\$	\$	\$	\$1,000,000	\$2,500	\$500

SCHEDULED ARTICLES (Personal Articles, Fine Arts, Watercraft)

Personal Articles/Fine Arts (Appraisal required on articles valued in excess of \$1,000) – **A Deductible may apply**

ITEM #	DESCRIPTION OF ARTICLES	AMOUNT OF INSURANCE

Is Jewelry kept in vault? Yes No If yes, what limit is in vault? \$ _____

Is Rental Income Required? Yes No If yes, for what limit? \$ _____

EXPOSURE INFORMATION

Explain 'Yes' Responses in Remarks	Yes	No	
Additional Residences/Properties			
Location Rented to Others			# of Weeks:
More than one family in the dwelling			
Rooms rented to others			# of Units
Daycare			# of Children:
Incidental Office Use			
Commercial Operations at this location			
Swimming Pool			
Saddle/Draft Animals			#:
Voluntary Compensation Required?			
More than 10 Acres			
Servants: In: Out:			Chauffeur: Occasional:
Other exposures:			
Remarks ('Yes' responses MUST be explained):			

NOTES: _____

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

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations, Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date: _____

Signature of Applicant: _____

Date: _____

Signature of Broker: _____