

INSURANCE COMPANY	POLICY NUMBER	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACING POL. NO.	NO OF LOCATIONS 1
			NO OF ATTACHMENTS

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS (Last name / first name)

Client #	BROKER CLIENT ID
POSTAL CODE	BROKER AGENT FAIR INSURANCE BROKERS LIMITED 12285 Yonge Street, Main Floor Richmond Hill, ON L4E 3M7 Business : (905)773-1188 Fax : (905)773-2272
RESIDENCE TELEPHONE	BUSINESS TELEPHONE
FAX NUMBER	ELECTRONICAL MAIL
<input checked="" type="checkbox"/> BROKER / AGENT BILL <input type="checkbox"/> CREDIT CARD # <input checked="" type="checkbox"/> COMPANY BILL <input type="checkbox"/> OTHER (SPECIFY) PAYMENT PLAN WITHDRAWAL DATE (YYYY/MM/DD)	
POLICY PERIOD FROM TIME A.M. P.M. DATE YYYY mm dd TO 12.01 A.M. DATE YYYY mm dd <small>All times are local times at the Applicant's postal address stated herein.</small>	

2. APPLICANT DATA If more than one applicant is shown above, provide details for both.

OCCUPATION:	HAS APPLICANT CHANGED ADDRESS IN LAST 3 YEARS?	YES	NO
YEARS CONTINUOUSLY EMPLOYED:	DATE OF BIRTH	YYYY mm dd	IF YES, PROVIDE PREVIOUS ADDRESS
OCCUPATION:			
YEARS CONTINUOUSLY EMPLOYED:	DATE OF BIRTH	YYYY mm dd	

3. LOSS & POLICY HISTORY

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT OR OTHER MEMBER OF THE APPLICANT'S HOUSEHOLD IN THE PAST 5 YEARS?							YES	NO
							IF YES, PROVIDE DETAILS	
DATE (yyyy/mm/dd)	LOC #	CAUSE	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY	POLICY NUMBER		

HAS ANY INSURER CANCELLED, DECLINED, OR REFUSED TO RENEW OR ISSUE HABITATIONAL INSURANCE TO THE APPLICANT WITHIN THE PAST 5 YEARS?	YES	NO	NAME OF PREVIOUS INSURER:	EXPIRY DATE	YYYY mm dd
IF YES, PROVIDE DETAILS: INSURER			POLICY NUMBER:		
<input type="checkbox"/> CANCELLED <input type="checkbox"/> DECLINED <input type="checkbox"/> LAPSED REASON:			FOR HOW MANY YEARS HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURER ?		

LIST POLICY NUMBERS OF OTHER INSURANCE WITH THIS COMPANY:

4. DISCOUNTS AND / OR SURCHARGES

May be subject to a maximum. Indicate YES if discount or surcharge premium is NOT included in the coverage premium.

LOC #	DIS.	SUR.	TYPE	%	\$	NOT INCLUDED		LOC #	DIS.	SUR.	TYPE	%	\$	NOT INCLUDED	
						YES	NO							YES	NO

5. PREMIUM SUMMARY AND METHOD OF PAYMENT The estimated insurance premiums are subject to adjustment to the Insurer's current manual rates.

ESTIMATED PREMIUM - ALL PAGES \$	NUMBER OF PAYMENTS	PAYMENT WITH APPLICATION	FINANCIAL INSTITUTION
PROVINCIAL TAX (if applicable) \$	ONE	TWO	FULL PREMIUM PAID \$
HANDLING CHARGE \$	THREE	MONTHLY	ACCT #
TOTAL ESTIMATED COST \$	OTHER (EXPLAIN)	INITIAL PAYMENT \$	CHQ #
		DATE	MONTHLY PAYMENTS FOR MONTHS @ \$

6. CONSENT & DISCLOSURE

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the insured willfully makes a false statement in respect of a claim, a claim will become invalid and the insured's right to recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

SIGNATURE OF APPLICANT	DATE YYYY mm dd	SIGNATURE OF APPLICANT	DATE YYYY mm dd
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7. BROKER / AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE?	YES	NO	HOW LONG HAVE YOU KNOWN THE APPLICANT?	DATE YYYY mm dd	HAVE YOU BOUND THIS RISK?	YES	NO	
ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW ?					YES	NO		
HAVE YOU SEEN THIS PROPERTY?	YES	NO	IF YES, WHEN	DATE YYYY mm dd	CONDITION OF PROPERTY	GOOD	FAIR	POOR

REMARKS

SIGNATURE OF BROKER/AGENT	DATE YYYY mm dd
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8. RISK LOCATION (IF DIFFERENT FROM APPLICANT'S ADDRESS)		LOSS PAYEE'S NAMES, ADDRESS AND POSTAL CODES		NATURE OF INTEREST
		1		
		2		
POSTAL CODE		3		

9. RATING INFORMATION											
OCCUPANCY / # OF FAMILIES		FIRE PROTECTION		SECURITY SYSTEM		YEAR BUILT		GROUND FLOOR AREA		SQ. FT. / SQ. M.	
PRIMARY	UNPROTECTED	FIRE		Y	N	LOCAL	MONITORED	HEATING		FUEL	PRIMARY
SECONDARY	WITHIN M OF HYDRANT	MONITORED BY:						FURNACE (CENTRAL)			
SEASONAL	WITHIN KM OF FIREHALL	BURGLAR						COMBINATION WITH WOOD			
RENTAL	NAME:	MONITORED BY:						COMBINATION WITHOUT WOOD			
VACANT	CONSTRUCTION	SPRINKLER						FURNACE (CENTRAL) WITH ADD-ON WOODBURNING UNIT			
UNOCCUPIED	ASBESTOS	SMOKE DETECTORS				NO:		HEAT PUMP			
UNDER CONSTRUCTION	BRICK	TYPE:						SPACE HEATER			
# OF STORIES	CEMENT	OTHER SECURITY						ELECTRIC			
STRUCTURE TYPE	FRAME							WALL FURNACE			
DETACHED	AGGREGATE	RENOVATION UPGRADE		FULL	PART	YEAR:		FIREPLACE INSERT			
SEMI-DETACHED	MASONITE	ELECTRICAL						SOLID FUEL HEATING UNIT		Y	N
TOWNHOUSE	ALUMINIUM	100 AMP.	BREAKERS	FUSES				PROFESSIONAL INSTALLATION			
ROWHOUSE	MASONRY	OTHER (SPECIFY)						SOLID FUEL QUESTIONNAIRE ATTACHED			
PRE-FAB	STONE	HEATING						ULC, CSA, OR WH APPROVED			
MOBILE HOME	STUCCO	PLUMBING						ELECTRIC RADIANT HEAT CEILING			
PARK CODE	FIRE RESISTIVE	COPPER %	PLASTIC %	OTHER %				SIZE:	MAKE:	YEAR:	
OTHER	STEEL	ROOFING						OIL TANK:	ABOVE GROUND		
APT. # OF UNITS	MASONRY VENEER	TYPE:						AGE:	YRS	OUTSIDE	IN GROUND
DUPLEX	TRIPLEX	BRICK VENEER						REMARKS			
MULTIPLY	NON-FIRE RESISTIVE APT										
MERCANTILE (> 6 APTS)	VINYL	OUTBUILDINGS: # USE:									
		CONSTR.:	HEAT:	VALUE:							

10. ADDITIONAL LIABILITY EXPOSURE INFORMATION											
EXPLAIN 'YES' RESPONSES		YES	NO	EXPLAIN 'YES' RESPONSES IN REMARKS		YES	NO	REMARKS			
LOCATION RENTED TO OTHERS:				# WKS.	DAYCARE # CHILDREN						
# ADDITIONAL FAMILIES					INCIDENTAL OFFICE USE?						
# ROOMS RENTED TO OTHERS:					BUSINESS OPERATIONS AT THIS LOCATION?						
# SADDLE / DRAFT ANIMALS:					ANY OTHER INCOME PRODUCING OPPORTUNITIES?						
ADDITIONAL RESIDENCES/PROPERTIES				#	IS THERE A CO-OCCUPANT WHO REQUIRES COVERAGE?						
# UNITS (INDICATE LOCATIONS IN REMARKS):					SWIMMING POOL						
OTHER EXPOSURES (EXPLAIN):											
VOLUNTARY COMPENSATION REQUIRED FOR # SERVANTS:				IN:	OUT:	CHAUFFEUR:		OCCASIONAL:			

11. COVERAGE FORMS, LIMITS & DEDUCTIBLES - Attach home evaluation (if applicable)											
PACKAGE FORM AND TYPE:						RATING PLAN:			DEDUCTIBLE:		
SINGLE LIMIT	DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED PREMIUM			
\$	\$	\$	\$	\$	\$	\$	\$	\$		\$	

12. ADDITIONAL COVERAGE (Specify rating information, limits deductibles, etc.)											
EXPLAIN 'YES' RESPONSES IN REMARKS		YES	NO	LIMIT	DED.	REMARKS	PREMIUM				
GUARANTEED REPLACEMENT COST-BUILDING											
REPLACEMENT COST ON CONTENTS											
CONDOMINIUM ADDITIONAL PROTECTION ENDORSEMENT											
TENANTS IMPROVEMENTS											
SEWER BACK-UP											
EARTHQUAKE											
MASS EVACUATION											
RENTAL INCOME											
BURGLARY											
VANDALISM											

TOTAL ESTIMATED PREMIUM THIS PAGE										\$	
REMARKS											

13. SCHEDULED PERSONAL PROPERTY SUMMARY (Appraisals may be required for some items) X HERE IF ITEM IS FOR BUSINESS OR PROFESSIONAL USE

TYPE	YES NO		AMT OF INS.	DED	PREMIUM	TYPE	YES NO		AMT OF INS.	X	DED	PREMIUM
JEWELRY						CAMERAS						
FURS						ELETRONIC EQUIPMENT						
SILVERWARE						COMPUTER EQUIPMENT						
COIN						MUSICAL INSTRUMENTS						
STAMP						SPORTS EQUIPMENT						
ANTENNA/RECEIVER						BICYCLES						
FINE ARTS						FIREARMS						
BREAKAGE						TOOL FLOATER						
OFF PREMISES												
HOME FREEZER												
TOTAL ESTIMATED PREMIUM					\$	TOTAL ESTIMATED PREMIUM					\$	

14. SCHEDULED PERSONAL PROPERTY DETAIL

#	DESCRIPTION (INCLUDING SERIAL/IDENTIFICATION NUMBER)	TYPE	ALL RISKS	NAMED PERILS	PURCHASE/ APPRAISAL DATE	DED	DISC. %	AMT OF INS.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

PART 4 - WATERCRAFT DATA (USE ADDITIONAL FORMS IF REQUIRED)

15. WATERCRAFT AND TRAILERS (indicate if boat trailer or travel trailer)

#	TYPE	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	LENGTH	PRICE (R.C)
1							
2							
3							
4							
5							

#	ENGINE HORSEPOWER	MAXIMUM SPEED	USE	WATERS NAVIGATED	MOORING AT	LOCATIONS	WINTER LOCATION
1							
2							
3							
4							
5							

#	LIENHOLDER / LESSOR	PERILS REQUIRED		BASIS OF SETTLEMENT				DEDUCTIBLE % OR \$	AMT OF INSURANCE	PREMIUM
		AR	NP	RC	ACV	SA	GRC			
1										
2										
3										
4										
5										

16. OPERATOR DATA

#	NAME OF OPERATOR	DATE OF BIRTH	AUTO DRIVERS LICENCE NO.	C.Y.A.		TRAINING POWER SQUADRON		CERTIFICATE NUMBER
				YES	NO	YES	NO	
1								
2								
3								

TOTAL ESTIMATED PREMIUM THIS PAGE \$

REMARKS