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Quotes@swgins.com
www.swgins.com

HABITATIONAL INSURANCE APPLICATION

Application must be fully completed and accompanied by Rebuilding calculator and original photographs

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

Broker Name _____
 Broker Address Street _____
 City _____ Province _____ Postal Code _____
 Broker Phone _____ Fax _____ E-Mail _____

Applicant's Full Name _____
 (Last Name, First Name)
 Postal Address Street _____
 City _____ Province _____ Postal Code _____
 Prior Address Street _____
 City _____ Province _____ Postal Code _____
 Telephone No. Home _____ Work: _____

	Date of Birth			Occupation	Yrs. Employed
	Day	Month	Year		
Applicant					
Co-applicant					

Policy Period **From**

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

Previous Insurer _____ Policy Number _____

Has any Company Refused, Cancelled, Declined to Renew Applicant?
 Yes
 No
 If yes, provide details

Has there been any gap in coverage?
 Yes
 No
 If yes, provide details

Previous Claim In Last 5 (Five) Years

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

Broker Report

How long has Applicant lived at this location? _____

Is there any Commercial Exposure on the premises? Yes No

If yes, describe _____

If a tenant 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? _____

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, provide details _____

Location #1 Year Built _____ Sq. Ft. _____

Legal Address _____
 _____ Postal Code _____

Loss Payable _____
 (include FULL mailing addresses of all Mortgagees) _____

Amount owing on ALL mortgages \$ _____

Occupancy

Primary Secondary Seasonal Rental Unoccupied

Vacant Under Construction Other (describe): _____

If vacant, what is intent after vacancy? _____

Construction Frame Brick Veneer Masonry Fire Resistive

Structure Type Detached Semi-Detached Townhouse Row house Duplex Triplex
 Multi-Plex Apt. Bldg - # of Units _____ Mercantile - Describe _____

Heating	Fuel Type	Primary	Auxiliary	Updates		
				Full	Partial	Year
<input type="checkbox"/> Furnace (Central)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Heating	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electric Baseboard		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hot Water Tank	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Space Heater		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric - # of amps _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fireplace Insert		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Roof – Type _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> *Wood / Pellet Stove		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plumbing (type & % of each)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Furnace (central) with add on *wood burning unit		<input type="checkbox"/>	<input type="checkbox"/>	Copper _____% Galvanized _____% PVC or Other _____%		
* 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 300 m of Hydrant Within 8 km of Fire hall Unprotected

Alarms Burglary: Central Local Fire: Central Local Low Temp: Central Local

Optional Coverages: Sewer Backup Mass Evacuation Earthquake Lock Replacement

Detached Structure Yr Built _____ Size _____ Construction _____

Heat _____ Use _____

Limits Required

Dwelling Building	Detached Private Structures	Personal Property	Additional Living Expenses	Legal Liability	Voluntary Medical Payments	Voluntary Property Damage
\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	\$1,000	\$250

Expiry / Target Premium: _____

Location #2 _____ **Year Built** _____ **Sq. Ft.** _____

Legal Address _____

 _____ **Postal Code** _____

Loss Payable

(include FULL mailing _____
 addresses of all Mortgagees) _____

Amount owing on ALL mortgages \$ _____

OCCUPANCY

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

CONSTRUCTION Frame Brick Veneer Masonry Fire Resistive

STRUCTURE TYPE Detached Semi-Detached Townhouse Row house Duplex Triplex
 Multi-Plex Apt. Bldg - # of Units _____ Mercantile - Describe _____

Heating	Fuel Type	Primary	Auxiliary
<input type="checkbox"/> Furnace (Central)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electric Baseboard		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Space Heater		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fireplace Insert		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> *Wood / Pellet Stove		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Furnace (central) with add on *wood burning unit		<input type="checkbox"/>	<input type="checkbox"/>
* Woodstove Questionnaire must accompany application			

Updates	Full	Partial	Year
<input type="checkbox"/> Heating	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hot Water Tank	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electric - # of amps _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Roof - Type _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Plumbing (type & % of each)	<input type="checkbox"/>	<input type="checkbox"/>	
Copper _____% Galvanized _____% PVC or Other _____%			
If updates are partial, describe: _____			

OIL TANK Inside Outside Above Ground In Ground Age: _____
An oil tank questionnaire must accompany application

PROTECTION GRADE Within 300 m of Hydrant Within 8 km of Fire hall Unprotected

ALARMS Burglary: Central Local Fire: Central Local Low Temp Central Local

Optional Coverages: Sewer Backup Mass Evacuation Earthquake Lock Replacement

DETACHED STRUCTURE Yr Built _____ Size _____ Construction _____
 Heat _____ Use _____

Limits Required

Dwelling Building	Detached Private Structures	Personal Property	Additional Living Expenses	Legal Liability	Voluntary Medical Payments	Voluntary Property Damage
\$	\$	\$	\$	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	\$1,000	\$250

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 Jewellery 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	<input type="checkbox"/>	<input type="checkbox"/>	
Location Rented to others	<input type="checkbox"/>	<input type="checkbox"/>	# Weeks:
More than one family in the dwelling	<input type="checkbox"/>	<input type="checkbox"/>	
Rooms rented to others	<input type="checkbox"/>	<input type="checkbox"/>	# of Units:
Daycare	<input type="checkbox"/>	<input type="checkbox"/>	# of Children
Incidental Office Use	<input type="checkbox"/>	<input type="checkbox"/>	
Commercial Operations at this location	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	
Saddle / Draft Animals	<input type="checkbox"/>	<input type="checkbox"/>	#:
Voluntary Compensation Required?	<input type="checkbox"/>	<input type="checkbox"/>	
More than 10 Acres	<input type="checkbox"/>	<input type="checkbox"/>	
Servants: In: Out Chauffeur Occasional			
Other Exposures:			
Remarks ('Yes' Responses MUST be explained):			

ADDITIONAL INFORMATION REQUIRED FOR SEASONAL/SECONDARY RESIDENCES

How many weeks is the residence occupied and unoccupied? _____

When not occupied, who takes care of the premises? _____

Is there a full time caretaker? Yes No

Is there a part time caretaker? Yes No

What is the frequency of visits? _____

What other components does the alarm have? (such as water detector, low temperature, back up cellular, etc)

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.

Privacy Disclosure and Consent

- I certify that
- (i) I have obtained consent from the applicant; and
 - (ii) the applicant has affirmed their agreement to the collection, use and exchange of their personal information

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 _____

SUBMITTED BY: _____

E-MAIL: _____

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.