CSI	H	<b>ABITATI</b>	<b>ONAL</b>	INSU	<b>JRAN</b>	CE AF	PPLICATION	ON	BILLING  COMPANY BROKER/AGENT			
INSURANCE	COMPANY	Y				QUOTE NEW RENEWAL	POLICY NUMBER		BINDER NUMBER			
1. APPLIC	CANT'S F	FULL NAME AND POST	AL ADDRESS				AGE/AGENCY INFORMAT	ΓΙΟΝ				
				POSTAL CODE					POSTAL CODE			
CONTACT NUI	MBER(S) NO.		TYPE	NO.		BROKER CODE		CONTAI	СТ			
TYPE	NO		TYPE	NO.		PHONE NO.		FAX NO	).			
PREFERRED	DOCUME	NT LANGUAGE [	ENGLISH	FREN	ICH	CONTRACT NUM	MBER	SUB-CO	ONTRACT NUMBER			
EMAIL ADDRE	ESS					GROUP / PROGR	RAM NAME	GROUP	PID			
WEBSITE AD	DRESS					BROKER CLIENT	ΓID	COMPA	NY CLIENT ID			
3. POLICY	Y PERIOI	D										
EFFECTIVE D	DATE	Т	IME	A.M. P.M.	EXPIRY DAT	E	AT 12:01 A.M.		ARE LOCAL TIMES AT THE APPLICANT'S DRESS STATED HEREIN.			
	CANT DA	TA										
INSURED NA	ME					CO-INSURED NAME						
OCCUPATION						OCCUPATION						
YEARS CONT	TINUOUSL	Y EMPLOYED	DATE OF BIRTH			YEARS CONTIN	NUOUSLY EMPLOYED	DAT	TE OF BIRTH			
OCCUPANCY	/ DATE		IF OCCUPANCY I	DATE IS LESS TH	AN 3 YEARS, PRO	OVIDE PREVIOUS	ADDRESS					
									POSTAL CODE			
5. LOSS H	HISTORY	CLAIMS HIS	STORY REPORT DA	TE								
HAVE THERE	BEEN AN'	Y LOSSES OR CLAIMS BY	THE APPLICANT IN	THE PAST 5 YEA	RS?   YES	□ NO IF YES	S, COMPLETE THE CHART BE	LOW				
LOSS DATE	LOC.#	С	CAUSE			PAID AMOUNT	POLICY NUMBER		INSURANCE COMPANY			
6(A). POLI	CY HIST	ORY FIR	ST TIME INSURED		1		l					
HAC ANV INC	LIDANCE	COMPANY REFUSED TO F	DROVIDE INCLIDANT	DE IN THE DART F	VEARC2 TV	ES 🗆 NO						
		JRANCE REFUSAL TYPE			_	_	FRICTED COVERAGE					
		E COMPANY										
								EXP	IRY DATE			
SINCE WHAT	DATE HA	S THE APPLICANT HAD HA INSURANCE COMPANY?	ABITATIONAL		_				ease provide details in remarks.			
6(B). CRO	ee deed	ERENCE INFORMATION	M									
LIST OTHER LINE OF	POLICIES	S WITH THIS INSURANCE (		OLICY NUMBER								
BUSINESS LINE OF				OLICY NUMBER								
BUSINESS			P	OLICT NUMBER -								

## CSI

## **HABITATIONAL INSURANCE APPLICATION**

PREMIUM TABLE
TOWN ID CODE  NO. OF ATTACHME
NO OF ATTACHME

0010	UNDERWRITING INFORMATION LOC #										NO. OF ATTACHMENTS						
7. RISK ADDRESS	SAME AS POSTAL ADDRESS																
ACCESS: EASY	ACCESS	ROAD	DIFFICUL	TACCE	SS ROAD	ISL	_AND	] ISOLATED RUR	AL	ОТ	HER						
8. MORTGAGEE / I	LOSS F	PAYEE(S)													NATURE	OF INTE	REST
9. RATING INFORM	IATION	1															
REPLACEMENT COST				YEA			# OF	# OF	# OF				G AREA				-T 00 M
EVALUATOR PRODUCT DATE EVALUATION					<u>.T</u>			STOREYS FAMILIES UNITS  DATE OF BIRTH OF ELDEST					(excluding basement)				T.∏ SQ. M.
COMPLETED (YYYY/MM	/DD)				OKER(S)? Y/N		OCCUPANT (YY				APP	PPLICANT					
OCCUPANCY		EXTERIOR WAI	L FRAM	MING HEATING TYPE							SECURITY SYSTEM			——`	Y/N L	.OCAL	MONITORED
PRIMARY		WOOD FRAME CONCRETE BLO	OCK /		PRIMARY HEA	ATING AI	PPARATUS				FIRE			+			
SECONDARY		MASONRY FRA			FUEL BURGLAR							_					
SEASONAL		LOG			LOCATION						SMOKE DETECTORS						
RENTAL		FIRE RESISTIVE			AUXILIARY HE	EATING	APPARATUS				-	DETECTOR TYPE NO:					O:
VACANT					FUEL MONITORED BY							ATE					
UNOCCUPIED		EXTERIOR WAI	L FINISI	1	LOCATION							ALARM CERTIFICATE ATTACHED					
UNDER CONSTRUCTIO	N				NO. OF FACE	CORDS	PER YEAR				SPF	RINKLER					
		BRICK VENEER			HEATING UNIT	T PROFE	ESSIONAL INST	ALLATION			SEC	SECURITY TYPE					
STRUCTURE TYPE/STY	'LE	VINYL SIDING			HEATING UNIT	T ULC, C	SA, OR WH AP	PROVED				TER MITI	GATION IN PLACE				
DETACHED		STUCCO			RADIANT HEA	TING AF	REA SQ.M.										
SEMI-DETACHED	STONE VENEER MAKEYEAR																
ROWHOUSE / TOWNHOUSE (END)		SOLID BRICK			OIL TANK UPDATE YEAR						AR				PARTIAL (YY)		
ROWHOUSE /	ALLIMINI IM/METAL CIDING				HEATING									(YY)	1,		
TOWNHOUSE (INSIDE) HIGHRISE		WOOD		+	YEAR INSIDE IN GROUND ROOFING OUTSIDE ABOVE GROUND TYPE						OFING						
MOBILE HOME		WOOD											l				
						FIRE PROTECTION											
MULTIPLEX					FIRE PROTECTION ELECTRICAL							L	AMPS				
EQUIND ATION					BREAKERS UNPROTECTED SUPERIOR SHUTTLE TANKER FUSES								KNOB & TUBE COPPER			PPER	
FOUNDATION		<u> </u>			SERVICE						ША	LUMIN	NUM				
POURED CONCRETE		SLAB/CONCRET	E SLAB		N	1. OF HY	DRANT KM. OF FIREHALL				PLUMBING				L		
CONCRETE BLOCK		STONE									% PLA	% PLASTIC%					
CRAWLSPACE					NAME: GALVANIZED							o %					
FINISHED BASEMENT		<u></u> %															
INTERIOR DETAILS		TYPE				%	ТҮРЕ			% TYPE						%	
INTERIOR WALL CONST	RUCTIO	DN .															
INTERIOR FLOOR FINIS	Н																
CEILING CONSTRUCTIO	DN																
ADDITIONAL INTERIOR	DETAIL	S															
WALL HEIGHT FT.	. 🔲	M. %	١	NUMBEF	ER OF KITCHENS: NUMBER OF BA							R OF BATH	ATHROOMS: FULL				
			١	10.	QUALITY								HALF	:			
			-		BUILDER	'S GRAI	DE CUST	ом 📙			_						
BUILDER'S GRADE CUSTOM																	
SWIMMING POOL							GARAGE / C	ARPORT									
									T				BUILT-	-IN	BASEN	IENT	
YEAR ABOVE GROUND				WITH FENCE		ATTACHED G	ATTACHED GARAGE? Y/N SIZE - # OF (			CARS							
INDOOR IN GROUND					WITHOUT FEN	CE	ATTACHED C	ATTACHED CARPORT? Y/N SIZE - # OF (			CARS						
DETACHED OUTBUILD	ING(S)/C	OTHER STRUCTU	RE(S) (A	dditiona	al limits required	d or any	heated outbuil	dings)									
STRUCTURE YEAR		TRUCTURE TYPE			RIOR WALL FR			APPARATUS		FUEL						n detached	
NO. BUILT														privat	e structu	re limit)	
														$\dashv$			

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## HABITATIONAL INSURANCE APPLICATION

COVERAGE AND LIABILITY EXTENSIONS LOC #

			COVERA	AGE AND L	IADILII	1 5	IENSIO	NS LUC	#							
10. COV	ERAGE: FO	ORMS, LIMITS & DEDU	UCTIBLES													
PACKAGE	FORM AND	TYPE						R/	ATING PLAN	DEC	. \$			DED. TYPE		
DWE BUIL	LLING DING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITION. LIVING EXPE	AL NSES		LEGAL LIABILITY		VOLUNTARY MEDICAL PAYMENTS		VOLUNTARY PROPERTY DAMAGE				ESTIMATED BASE PREMIUM	
\$		\$	\$	\$		\$		;	\$		\$					
11 ADD	ITIONAL C	OVERAGE (Specify ra	ting information limit	ts deductible	s etc)											
					AMOUN	T OF			DEDUCTIBLE	T	TY	PE OF		П		
CODE		COVERAGE DESCRIPTION			AMOUNT OF INSURANCE		DEDU	JCTIBLE	TYPE	1			4	5	PREMIUM	
GUARR	GUARAN	TEED REPLACEMENT CO	ST-BUILDING	Y/N												
GRCE		MENT COST ON CONTEN														
GILOL		NERS BUILDING	ALL RISK													
		MENTS AND BETTERMEN	NTS NAMED PERILS ALL RISK													
CCLA		SESSMENT	NAMED PERILS													
CCLA		INIUM CONTINGENT LEG	AL LIABILITY													
HSL	SINGLE L															
SEWER	SEWER B	ACK-UP														
IDTFT	IDENTITY															
RENT	RENTAL II															
BYLAW	BYLAWS	ENDORSEMENT					-									
ERQK	EARTHQU	JAKE														
ERQKF	POST-EAI	RTHQUAKE DAMAGE														
PERLI	PERSONA	AL LIABILITY (UMBRELLA)	)													
									PREMIU	м гог	RTHIS	SECT	ION	\$		
12(A). LI	ABILITY E	XPOSURES (Yes answ	vers require liability ex	xtension cov	erage or	rema	rks expla	ining cov	erage declined.)							
		MORE THAN ONE LOCATION						TERCRAF								
		OCATION RENTED TO OT RENTED TO OTHERS?	THERS?		NUMBER OF FULL TIME RESIDENCE EMPLOYEES  IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE?											
		- NUMBER OF CHILDREN	N		CO-OCCUPANT NAME											
DO YOU O	WN A TRAMI	POLINE?			IS THERE ANY KIND OF BUSINESS OPERATION?											
		EN TRACTOR?			IF YES, DESCRIBE BUSINESS											
	AVE A GOLF	CART? / DRAFT ANIMALS?			NUMB	ER OF	F DOGS IN	THE HOUS	SEHOLD							
		ILICENSED RECREATION	AL VEHICLES?		BREE	D(S) C	OF DOGS									
RENEWAB	BLE ENERGY	INSTALLATION ON PREM	MISES?		OTHE	R EXF	POSURES									
12(B). LI	ABILITY E	XTENSIONS FROM PR	RIMARY LOCATION		AMOUNT					1	TY	PE OF		ı		
CODE		LIABILITY COVERAG	GE DESCRIPTION		AMOUNT INSURA		DEDU	CTIBLE	DEDUCTIBLE TYPE	1	2	3	4	5	PREMIUM	
I									PREMIU	⊥ M FOF	THIS	SECT	ION	\$		
13. DIS	COUNTS A	AND SURCHARGES					DISCOU	NTS AND	SURCHARGES cor							
CODE	DISCOUNTS AND SURCHARGES % APPLIED				PREMI	им	CODE	DISCOUN	UNTS AND SURCHARGES					PPLIED PREMIU		
- '-	DESCRIP	IIUN		Y/N		$\dashv$		DESCRIP					+	Y/N		
						_							+			
													$\perp$			
						I	Ţ									
	•		•	•	•				PREMIU	M FOF	RTHIS	SECT	ION	\$		
									TOTAL ESTIMATED	DDEM	IIIIM TI	JIC DA	CE	¢		

CSIO	HAE	BITATIC	NAL I	NSUR	ANCE	APPL	ICATION	I	
14. PREMIUN	INFORMATION								
TOTAL ESTIMAT	ED POLICY PREMIUM PR	OVINCIAL SALES TA	X (if applicable) PA	YMENT PLAN ES	TIMATED INSTALLI		% ADDITIONAL CHARGES	TOTAL ESTIM	ATED COST
							% //•		
15. ATTACHM	ENTS				1		-		DATE
ATTACHMENTS	DESCRIPTION			DATE COMPLETED	ATTACHMENTS	DESCRIPTION			DATE COMPLETED
16. REMARKS	 \$								
7(A). FULL [	DISCLOSURE								
correct even if t	and the Insured if the Insured if the Insured information has been ath and completeness of the Insured in Insu	entered or suggest	ed by the represent	have reviewed a ative of the Insure	ll parts of and atta er or by the insura	chments to this app nce broker. I under	olication and declare that stand that acceptance of	all of the informat this application for	tion is true an or insurance
	ces and territories exce						nt all the facts known to n		
	he Insurer, or misrepr nat is material to be made						the premium, the apprais ured if the Insurer requir		
he risk to be un	dertaken, the contract m	ay be void in whole o		in relation to	oncealment of re	levant facts by me	or the Insured nullifies t	he contract, ever	
	presentation or omission		statement in a stat	·			nisrepresented or concea quired by applicable cond		rothenvice t
	elation to a claim, vitiates				in relation to any c	or the particulars re-	quired by applicable cone	inions, statutory c	ou ici wisc, i
7(B) PERSO	ONAL INFORMATION C	ONSENT							
provide further information and information, for broker or the Insalso authorize the secondariant of the force of the last	nformation relating to this claims history. I authorize the purposes of commute surer's business results surer's business results suffer and the Insurto agree to the above on	s application and/or a ze my broker or the Ir nicating with me, ass such as evaluating c er to obtain and use	any policy issued as nsurer to collect, use sessing my applicati laims results and se e my credit report fo	a consequence of and disclose and disclose and ion for insurance atting insurance rate that purpose. I	of this application. y of this personal i and underwriting r ates, and when oth declare that all ir	Some of this person nformation, subject my policies, evaluate nerwise permitted condividuals whose p	nd otherwise (e.g., by tele nal information may incluc t to my broker's or the Insi ing claims, detecting and or required by law. If I appl ersonal information is co sonal information policie	de, but is not limite urer's policy regal preventing fraud y for a premium p ontained in this de	ed to, my cred rding persona , analyzing m ayment plan, ocument have
For Newfound application and Insurer to collect assessing my a evaluating claim obtain and use research.	land and Labrador: I ha /or any policy issued as ct, use and disclose any application for insurance ns results and setting ins	a consequence of th of this personal infore and underwriting r surance rates, and v urpose. I declare tha	nis application. Som rmation, subject to r my policies, evalua when otherwise per tt all individuals who	ne of this persona my broker's or the ting claims, dete mitted or required se personal inforr	I information may Insurer's policy rocting and prevent by law. If I apply nation is contained	include, but is not legarding personal ting fraud, analyzing for a premium payd in this document h	ay in the future provide fur imited to, my claims historinformation, for the purpong my broker or the Insument plan, I also authorizave authorized me to agrivacy officers.	ory. I authorize my uses of communic urer's business re te the broker and	y broker or the sating with measults such a the Insurer t
Les Parties ont co	nvenu que cette proposition e	t les documents connexe	es soient rédigés en angl	ais. The Parties have	specifically agreed th	at this application and a	any attachments to this applicat	ion be drawn in the E	nglish language
SIGNATURE OF	APPLICANT (Authorized for	or this purpose)	DATE		SIGNATURE OF AF	PLICANT (Authorized	d for this purpose)	DATE	
18. BROKE	R / AGENT QUESTIO	NNAIRE			٨				
	SS NEW TO YOUR OFFICE		□ NO SINCE V	WHAT DATE HAVE	YOU KNOWN THE A	APPLICANT?	HAVE YOU BOUND	THIS RISK? Y	ES NO
	CIAL CIRCUMSTANCES R		_				IF YES, PROVIDE DETAILS		
	THE PRIMARY LOCATION		IF YES, WHEN			OF PROPERTY	GOOD FAIR	POOR	
BROKER / AGEN				SIGNATURE OF BR				DATE	