



HABITATIONAL INSURANCE APPLICATION

BILLING METHOD



INSURANCE COMPANY QUOTE NEW RENEWAL BINDER NUMBER POLICY NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS		2. BROKER'S NAME AND POSTAL ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, PROV	<input type="checkbox"/> POSTAL CODE	CITY, PROV	<input type="checkbox"/> POSTAL CODE
CONTACT NAME		CONTACT NAME	
HOME	CELL	BUSINESS	CELL
BUSINESS	FAX	EMAIL	
EMAIL		BROKER CONTRACT NO.	BROKER SUB-CONTRACT NO.
WEBSITE		BROKER CLIENT ID	COMPANY CLIENT ID
PREFERRED LANGUAGE	<input type="checkbox"/>	GROUP NAME	GROUP ID

3. POLICY PERIOD

EFFECTIVE DATE: YYYYMMDD TIME: A.M. P.M. EXPIRY DATE: YYYYMMDD AT 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S ADDRESS SHOWN ABOVE.

4. APPLICANT DATA

APPLICANT 1 NAME	APPLICANT 2 NAME
OCCUPATION <input type="checkbox"/> YEARS CONTINUOUSLY EMPLOYED	OCCUPATION <input type="checkbox"/> YEARS CONTINUOUSLY EMPLOYED
DATE OF BIRTH: YYYYMMDD	DATE OF BIRTH: YYYYMMDD

5. LOSS HISTORY CLAIMS HISTORY REPORT DATE: YYYYMMDD

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS? YES NO IF YES, COMPLETE THE TABLE BELOW.

DATE OF LOSS YYYYMMDD	LOC. NO.	CAUSE OF LOSS	STATUS	AMOUNT PAID	INSURANCE COMPANY	POLICY NUMBER
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			

DOES THE APPLICANT HAVE ANY KNOWLEDGE OR INFORMATION OF ANY FACT, CIRCUMSTANCE, OR SITUATION WHICH COULD REASONABLY GIVE RISE TO A CLAIM WHICH WOULD FALL WITHIN THE SCOPE OF THE PROPOSED INSURANCE? YES NO IF YES, PROVIDE DETAILS IN THE REMARKS SECTION.

6. POLICY HISTORY CONTINUOUSLY INSURED SINCE: YYYYMMDD FIRST TIME INSURED, NO PRIOR HABITATIONAL INSURANCE

INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE DATE YYYYMMDD	END DATE YYYYMMDD	REASON FOR ENDING	IF TERMINATED BY INSURER, REASON
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

IN THE PAST FIVE YEARS, HAS ANY INSURANCE COMPANY DECLINED, CANCELLED, REFUSED, OR INDICATED AN INTENT NOT TO RENEW ANY HABITATIONAL INSURANCE POLICY? YES NO IF YES, PROVIDE DETAILS IN THE REMARKS SECTION.

7. CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY

LINE OF BUSINESS	<input type="checkbox"/> POLICY NUMBER	LINE OF BUSINESS	<input type="checkbox"/> POLICY NUMBER
LINE OF BUSINESS	<input type="checkbox"/> POLICY NUMBER	LINE OF BUSINESS	<input type="checkbox"/> POLICY NUMBER



HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. _____

PREMIUM TABLE _____

TOWN ID CODE _____

NO. OF ATTACHMENTS _____

8. RISK ADDRESS

SAME AS POSTAL ADDRESS

ADDRESS _____ CITY, PROV _____ POSTAL CODE _____

9. RATING INFORMATION

YEAR BUILT _____ NO. OF STOREYS _____ NO. OF FAMILIES _____ NO. OF UNITS _____ TOTAL LIVING AREA (excluding basement) sq ft m² ACCESS TYPE _____ SMOKERS? YES NO

REPLACEMENT COST EVALUATOR PRODUCT _____ DATE EVALUATION COMPLETED _____ YYYYMMDD DATE OF BIRTH OF ELDEST OCCUPANT _____ YYYYMMDD RELATIONSHIP TO APPLICANT _____

<p>OCCUPANCY TYPE _____ <input type="checkbox"/></p> <p>STRUCTURE TYPE _____ <input type="checkbox"/></p> <p>FOUNDATION TYPE _____ <input type="checkbox"/></p> <p>FINISHED BASEMENT _____ %</p> <p>EXTERIOR WALL FRAMING TYPE _____ <input type="checkbox"/></p> <p>EXTERIOR WALL FINISH TYPE _____ <input type="checkbox"/></p> <p>INTERIOR WALL CONSTRUCTION TYPE</p> <p>_____ % _____ %</p> <p>_____ %</p> <p>INTERIOR WALL HEIGHT</p> <p><input type="radio"/> ft <input type="radio"/> m _____ % <input type="radio"/> ft <input type="radio"/> m _____ % <input type="radio"/> ft <input type="radio"/> m _____ %</p> <p>INTERIOR FLOOR FINISH TYPE</p> <p>_____ % _____ %</p> <p>_____ %</p> <p>CEILING CONSTRUCTION TYPE</p> <p>_____ % _____ %</p> <p>_____ %</p> <p>UPGRADES FULL (YY) PARTIAL (YY)</p> <p>ROOF _____</p> <p>ELECTRICAL _____</p> <p>HEATING _____</p> <p>PLUMBING _____</p> <p>ROOF COVERING TYPE _____ <input type="checkbox"/></p> <p>ELECTRICAL WIRING TYPE _____ <input type="checkbox"/></p> <p>ELECTRICAL PANEL TYPE _____ <input type="checkbox"/></p> <p>SERVICE _____ A</p> <p>PRIMARY HEATING TYPE</p> <p>APPARATUS _____ <input type="checkbox"/></p> <p>FUEL _____ <input type="checkbox"/></p> <p>LOCATION _____ <input type="checkbox"/></p> <p>PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO</p> <p>APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO</p>	<p>AUXILIARY HEATING TYPE</p> <p>APPARATUS _____ <input type="checkbox"/></p> <p>FUEL _____ <input type="checkbox"/></p> <p>LOCATION _____ <input type="checkbox"/></p> <p>PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO</p> <p>APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO</p> <p>NO. OF FACE CORDS PER YEAR _____</p> <p><input type="checkbox"/> SOLID FUEL HEATING QUESTIONNAIRE ATTACHED</p> <p>RADIANT HEATING AREA _____ <input type="radio"/> sq ft <input type="radio"/> m²</p> <p>MAKE _____ YEAR _____</p> <p>OIL TANK YEAR _____ <input type="radio"/> INSIDE <input type="radio"/> OUTSIDE <input type="radio"/> IN GROUND <input type="radio"/> ABOVE GROUND</p> <p><input type="checkbox"/> FUEL OIL TANK QUESTIONNAIRE ATTACHED</p> <p>PLUMBING TYPE</p> <p>COPPER _____ % GALVANIZED _____ %</p> <p>ABS _____ % PVC _____ %</p> <p>PEX _____ % POLY-B _____ %</p> <p>LEAD _____ % _____ %</p> <p>WATER HEATER TYPE</p> <p>APPARATUS _____ <input type="checkbox"/></p> <p>WATER HEATER YEAR _____</p> <p>FUEL _____ <input type="checkbox"/></p> <p>PROFESSIONALLY INSTALLED? <input type="radio"/> YES <input type="radio"/> NO</p> <p>APPROVED BY ULC, CSA, OR WH? <input type="radio"/> YES <input type="radio"/> NO</p> <p>PRIMARY WATER MITIGATION TYPE</p> <p>SUMP PUMP TYPE _____ <input type="checkbox"/></p> <p>AUXILIARY POWER _____ <input type="checkbox"/></p> <p>BACK UP VALVE _____ <input type="checkbox"/></p> <p>AUXILIARY WATER MITIGATION TYPE</p> <p>SUMP PUMP TYPE _____ <input type="checkbox"/></p> <p>AUXILIARY POWER _____ <input type="checkbox"/></p> <p>BACK UP VALVE _____ <input type="checkbox"/></p>	<p>MAIN WATER VALVE SHUT OFF TYPE _____ <input type="checkbox"/></p> <p>NO. OF MAIN WATER VALVE SHUT OFF SENSORS _____</p> <p><input type="checkbox"/> SEWER BACKUP QUESTIONNAIRE ATTACHED</p> <p>FIRE PROTECTION</p> <p>DISTANCE TO HYDRANT _____ <input type="checkbox"/></p> <p>HYDRANT TYPE _____ <input type="checkbox"/></p> <p>DISTANCE TO RESPONDING FIRE HALL _____ <input type="checkbox"/></p> <p>FIRE HALL NAME _____</p> <p>SECURITY SYSTEM</p> <p>FIRE _____ <input type="checkbox"/></p> <p>BURGLARY _____ <input type="checkbox"/></p> <p>SMOKE DETECTORS _____ <input type="checkbox"/></p> <p>SMOKE DETECTOR TYPE _____ <input type="checkbox"/></p> <p>NO. OF DETECTORS _____</p> <p>IF ANY OF THE ABOVE ARE MONITORED, MONITORED BY _____</p> <p><input type="checkbox"/> ALARM CERTIFICATE ATTACHED</p> <p>PREMISES ACCESS SECURITY TYPE _____ <input type="checkbox"/></p> <p>HOME SPRINKLERED? <input type="radio"/> YES <input type="radio"/> NO</p> <p>BATHROOMS NO. OF FULL _____ NO. OF HALF _____</p> <p>KITCHENS NO. OF _____</p> <p>KITCHEN #1 QUALITY _____ <input type="checkbox"/></p> <p>KITCHEN #2 QUALITY _____ <input type="checkbox"/></p> <p>GARAGE/CARPORT NO. OF CARS _____</p> <p>GARAGE TYPE _____ <input type="checkbox"/></p> <p>SWIMMING POOL YEAR _____</p> <p>POOL TYPE _____ <input type="checkbox"/></p> <p>POOL FENCED? <input type="radio"/> YES <input type="radio"/> NO</p>
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HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC. NO. _____

DETACHED OUTBUILDINGS/STRUCTURES (Additional limits may be required on any heated outbuildings)

NO.	YEAR	STRUCTURE TYPE	EXTERIOR WALL FRAMING TYPE	HEATING APPARATUS TYPE	FUEL TYPE	TOTAL AREA	VALUE
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> sq ft <input type="radio"/> m ²	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> sq ft <input type="radio"/> m ²	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> sq ft <input type="radio"/> m ²	

10. MORTGAGEE / LOSS PAYEE

1.	NAME _____	NATURE OF INTEREST <input type="checkbox"/>
	ADDRESS _____	CITY, PROV/STATE <input type="checkbox"/> POSTAL/ZIP CODE
2.	NAME _____	NATURE OF INTEREST <input type="checkbox"/>
	ADDRESS _____	CITY, PROV/STATE <input type="checkbox"/> POSTAL/ZIP CODE
3.	NAME _____	NATURE OF INTEREST <input type="checkbox"/>
	ADDRESS _____	CITY, PROV/STATE <input type="checkbox"/> POSTAL/ZIP CODE

11. ATTACHMENTS

DESCRIPTION	DATE COMPLETED YYYYMMDD	DESCRIPTION	DATE COMPLETED YYYYMMDD
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

12. ADDRESS HISTORY

OCCUPANCY DATE FOR THIS LOCATION

YYYYMMDD

IF OCCUPANCY IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESSES BELOW.

NO.	ADDRESS	CITY	PROV	POSTAL CODE	DATE MOVED IN YYYYMMDD	DATE MOVED OUT YYYYMMDD
1			<input type="checkbox"/>			
2			<input type="checkbox"/>			
3			<input type="checkbox"/>			

13. LIABILITY EXPOSURES

All YES answers may require liability extension coverage or remarks explaining coverage declined.

- | | |
|--|---|
| 1. DO YOU OWN/RENT MORE THAN ONE LOCATION? <input type="radio"/> YES <input type="radio"/> NO | 12. NUMBER OF FULL TIME RESIDENCE EMPLOYEES? _____ |
| 2. NUMBER OF WEEKS LOCATION RENTED TO OTHERS? _____ | 13. IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE? <input type="radio"/> YES <input type="radio"/> NO |
| 3. NUMBER OF ROOMS RENTED TO OTHERS? _____ | CO-OCCUPANT NAME _____ |
| 4. DAYCARE OPERATION - NUMBER OF CHILDREN _____ | 14. IS THERE ANY KIND OF BUSINESS OPERATION? <input type="radio"/> YES <input type="radio"/> NO |
| 5. DO YOU OWN A TRAMPOLINE? <input type="radio"/> YES <input type="radio"/> NO | IF YES, DESCRIBE BUSINESS <input type="checkbox"/> |
| 6. DO YOU HAVE A GARDEN TRACTOR? <input type="radio"/> YES <input type="radio"/> NO | 15. NUMBER OF DOGS IN THE HOUSEHOLD? _____ |
| 7. DO YOU HAVE A GOLF CART? <input type="radio"/> YES <input type="radio"/> NO | BREED(S) OF DOGS <input type="checkbox"/> |
| 8. NUMBER OF SADDLE/DRAFT ANIMALS? _____ | 16. TOTAL PROPERTY AREA (if greater than 1 acre) _____ <input type="radio"/> acres <input type="radio"/> hectares |
| 9. DO YOU OWN ANY UNLICENSED RECREATIONAL VEHICLES? <input type="radio"/> YES <input type="radio"/> NO | 17. NUMBER OF CANNABIS PLANTS GROWN ON PREMISES? _____ |
| 10. RENEWABLE ENERGY INSTALLATION ON PREMISES? <input type="radio"/> YES <input type="radio"/> NO | 18. OTHER EXPOSURES _____ |
| 11. DO YOU OWN ANY WATERCRAFTS? <input type="radio"/> YES <input type="radio"/> NO | |

14. COVERAGES

COVERAGE FORM TYPE



RATING PLAN



COVERAGE DESCRIPTION	REQUESTED / DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					ESTIMATED PREMIUM
					1	2	3	4	5	
DWELLING BUILDING	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
DETACHED PRIVATE STRUCTURES	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
PERSONAL PROPERTY	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
ADDITIONAL LIVING EXPENSES	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
LEGAL LIABILITY	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
VOLUNTARY MEDICAL PAYMENTS	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
VOLUNTARY PROPERTY DAMAGE	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
SEWER BACKUP	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
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	<input checked="" type="checkbox"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
	<input type="radio"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					

ESTIMATED PREMIUM FOR THIS SECTION _____

15. LIABILITY EXTENSIONS AND EXCLUSIONS

LIABILITY COVERAGE DESCRIPTION	REQUESTED / DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					ESTIMATED PREMIUM
					1	2	3	4	5	
	<input checked="" type="checkbox"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/> REQUESTED <input type="radio"/> DECLINED				<input checked="" type="checkbox"/>					

ESTIMATED PREMIUM FOR THIS SECTION _____

16. DISCOUNTS AND SURCHARGES

DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE	DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM?	EST. DISCOUNT / SURCHARGE
<input checked="" type="checkbox"/>		<input type="radio"/> YES <input type="radio"/> NO		<input checked="" type="checkbox"/>		<input type="radio"/> YES <input type="radio"/> NO	
<input checked="" type="checkbox"/>		<input type="radio"/> YES <input type="radio"/> NO		<input checked="" type="checkbox"/>		<input type="radio"/> YES <input type="radio"/> NO	
<input checked="" type="checkbox"/>		<input type="radio"/> YES <input type="radio"/> NO		<input checked="" type="checkbox"/>		<input type="radio"/> YES <input type="radio"/> NO	

ESTIMATED PREMIUM FOR THIS SECTION _____

TOTAL ESTIMATED PREMIUM FOR THIS PAGE _____

17. PREMIUM INFORMATION

TYPE OF PAYMENT PLAN <input type="checkbox"/>	ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	ADDITIONAL CHARGES <input type="radio"/> \$ <input type="radio"/> %	TOTAL ESTIMATED COST
AMOUNT PAID WITH APPLICATION	AMOUNT STILL DUE	NO. OF REMAINING INSTALMENTS	AMOUNT OF EACH INSTALMENT	INSTALMENT DUE DATE

18. REMARKS

19. FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

For all provinces and territories except Quebec: If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

For Quebec: I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

For all provinces and territories: Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

20. PERSONAL INFORMATION CONSENT

For all provinces and territories except Newfoundland and Labrador:

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purposes identified above. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing. By withdrawing or failing to provide my consent to the use of credit information, I understand that I may not benefit from the best rate available to me.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

If any other individuals wish to provide their consent with respect to the use of their credit information, they may provide their consent by also signing below.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

For Newfoundland and Labrador:

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information;

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purpose of determining eligibility and conditions for a premium payment plan. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais.

The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

APPLICANT'S SIGNATURE X	DATE	YYYYMMDD	APPLICANT'S SIGNATURE X	DATE	YYYYMMDD
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21. BROKER QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? YES NO SINCE WHAT DATE HAVE YOU KNOWN THIS APPLICANT? HAVE YOU BOUND THE RISK? YES NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? YES NO IF YES, PROVIDE DETAILS IN REMARKS

HAVE YOU SEEN THE PRIMARY LOCATION? YES NO IF YES, WHEN? YYYYMMDD CONDITION OF PROPERTY

BROKER'S NAME (Please print) BROKER'S SIGNATURE