



MOBILE HOME APPLICATION

PART 1 - APPLICANT / PAYMENT DATA

LANGUAGE
 ENGLISH FRENCH

**COMPLETE ALL 3 PAGES IF
PRIMARY RESIDENCE**

INSURANCE COMPANY

NEW POLICY

ADD TO EXISTING POLICY
POLICY NUMBER: _____

APPLICANT'S FULL NAME AND POSTAL ADDRESS

FIRST NAME	MIDDLE NAME	LAST NAME	BROKER CLIENT ID
			BROKER / AGENT CODE
		POSTAL CODE	
CONTACT NUMBER	<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX	CONTACT NUMBER	<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX
E-MAIL ADDRESS		BROKER / AGENT BILL	CREDIT CARD
		COMPANY BILL	OTHER (SPECIFY)
		PAYMENT PLAN	BANK ACCOUNT WITHDRAWAL

POLICY PERIOD FROM TIME : A.M. P.M. DATE YYYY | MM | DD TO 12:01 A.M. DATE YYYY | MM | DD
 All times are local times at the Applicant's postal address stated hereon.

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

OCCUPATION:	HAS THE APPLICANT CHANGED ADDRESSES WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> 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	
YEARS CONTINUOUSLY INSURED:	

LOSS & POLICY HISTORY

HAVE THERE BEEN ANY LOSSES OR CLAIMS TO ANY HABITATIONAL PROPERTY OR PERSONAL LIABILITY BY THE APPLICANT OR OTHER MEMBERS OF THE APPLICANT'S HOUSEHOLD IN THE PAST 5 YEARS, PAID OR NOT? YES NO IF YES, PROVIDE DETAILS

DATE	LOC. #	CAUSE OF LOSS	AMOUNT	INSURANCE COMPANY	POLICY NUMBER
YYYY MM DD					
YYYY MM DD					
YYYY MM DD					

HAS ANY INSURER CANCELLED, DECLINED, OR REFUSED TO RENEW OR ISSUE HABITATIONAL OR MOBILE HOME INSURANCE TO THE APPLICANT WITHIN THE PAST 5 YEARS? YES NO

IF YES, PROVIDE DETAILS:

NAME OF PREVIOUS INSURER:	POLICY NUMBER:	EXPIRY DATE	YYYY MM DD
LIST POLICY NUMBERS OF OTHER INSURANCE WITH THIS COMPANY:		EXPIRY DATE	YYYY MM DD

PREMIUM SUMMARY AND METHOD OF PAYMENT:

(The estimated insurance premiums are subject to adjustment to the Insurer's current manual rates.)

DISCOUNTS / SURCHARGES	BASE (✓)	POLICY (✓)	%	\$	PREMIUM SUMMARY	
						\$
					ESTIMATED PREMIUMS	
					1. BASE	
					2. ADDITIONAL COVERAGES	
					3. SCHEDULED PERSONAL PROPERTY	
					4. WATERCRAFT	
					ESTIMATED SUB TOTAL	
					LESS DISCOUNTS	
					PLUS SURCHARGES	
					ESTIMATED POLICY PREMIUM	
					TAXES (IF APPLICABLE) ____%	
					TAX EXEMPT CODE	
					HANDLING CHARGE	
					TOTAL ESTIMATED PREMIUM	
					TOTAL	

NUMBER OF PAYMENTS <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER (EXPLAIN IN REMARKS)	FULL PREMIUM PAID \$ INITIAL PAYMENT \$ WITHDRAWAL DATE YYYY MM DD MONTHLY PAYMENTS FOR: Months @ \$	FINANCIAL INSTITUTION CREDIT CARD TYPE CARD HOLDER NAME SIGNATURE	TRANSIT NUMBER ACCT# EXPIRY DATE MM YY
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(See disclosure on page 3)

BROKER / AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? YES NO HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ HAVE YOU BOUND THIS RISK? YES NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? YES NO IF YES, PLEASE EXPLAIN:

REMARKS:



MOBILE HOME APPLICATION

IF SECONDARY RESIDENCE AND HAVE ALREADY COMPLETED HABITATIONAL APPLICATION, COMPLETE THIS PAGE ONLY

RISK LOCATION IF DIFFERENT FROM APPLICANT'S ADDRESS	LOSS PAYEE'S NAMES, ADDRESSES AND POSTAL CODES	NATURE OF INTEREST
	1st	
	2nd	
Postal Code	3rd	

MOBILE HOME DETAILS

YEAR _____ MAKE _____ MODEL _____

IDENTIFICATION / SERIAL NUMBER _____ LENGTH _____ FEET METRES WIDTH _____ FEET METRES SINGLE WIDE DOUBLE WIDE

DATE PURCHASED _____ YYYY | MM | DD PURCHASE PRICE \$ _____ NEW USED CONTENTS INCLUDED IN PURCHASE PRICE YES NO IF YES, VALUE OF CONTENTS \$ _____

IF THE PORCH / DECK AREA WAS ADDED AFTER PURCHASE (STATE SIZE OF ADDITION) _____ SQ. FT. SQ. M. IF ANY ADDITION TO SPACE WAS ADDED AFTER PURCHASE (STATE SIZE OF ADDITION) _____ SQ. FT. SQ. M.

IS THERE AN ATTACHED GARAGE OR CARPORT? YES NO IF YES, VALUE \$ _____

IS HOME DETACHED FROM OTHER BUILDINGS? YES NO DISTANCE TO NEAREST BUILDING _____ (METRES) ARTIC INSULATION PACKAGE (APPLICABLE TO NWT AND NUNAVUT RESIDENTS ONLY) YES NO

SAFETY

IS HOME TIED DOWN? YES NO TYPE OF SKIRT: BLOCKED OR CONCRETE SLATS OTHER (SPECIFY) _____
 PLYWOOD NONE

FOUNDATION: BASEMENT ON BLOCKS ON TIMBER OTHER (SPECIFY) _____
 CONCRETE / MASONRY POST / PIER ON SLAB ON WHEELS

LABELLING: CSA Z240 LABEL? YES NO
 CSA A277 LABEL? YES NO

RATING INFORMATION

OCCUPANCY	(✓) # OF FAMILIES	FIRE PROTECTION	(✓) SECURITY SYSTEM	ELECTRICAL	ROOFING
PRIMARY RESIDENCE		UNPROTECTED	FIRE <input type="checkbox"/> LOCAL <input type="checkbox"/> MONITORED	<input type="checkbox"/> AMPS (state amperage) _____ <input type="checkbox"/> BREAKERS <input type="checkbox"/> FUSES	YEAR: _____
SECONDARY, NON SEASONAL		WITHIN _____ M OF HYDRANT	MONITORED BY _____		TYPE: _____
SECONDARY, SEASONAL		WITHIN _____ KM OF FIREHALL	BURGLAR <input type="checkbox"/> LOCAL <input type="checkbox"/> MONITORED	CONSTRUCTION	
RENTED TO THIRD PARTY		NAME: _____	MONITORED BY _____	EXTERIOR: <input type="checkbox"/> ALUMINUM <input type="checkbox"/> METAL <input type="checkbox"/> VINYL	
VACANT / UNOCCUPIED	N/A	VOLUNTEER: _____	SPRINKLER <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WOOD <input type="checkbox"/> OTHER (SPECIFY) _____	
REMARKS			SMOKE DETECTORS <input type="checkbox"/> YES <input type="checkbox"/> NO	INTERIOR: ARE WALLS GYPROC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
			TYPE: _____ NO: _____		
			OTHER SECURITY (ie: PARK SECURITY)		

HEATING UNIT	SOURCE (FUEL)	OUTBUILDINGS
PRIMARY TYPE: _____	IF COMBINATION, CHECK ALL THAT APPLY <input type="checkbox"/> WOOD <input type="checkbox"/> ELECTRIC <input type="checkbox"/> PELLET <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OIL <input type="checkbox"/> PROPANE <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> UPGRADE: <input type="checkbox"/> FULL <input type="checkbox"/> PART YEAR _____	# USE CONSTR: _____ HEAT: _____ VALUE: _____ YEAR BUILT _____ <input type="checkbox"/> SQ FT GROUND FLOOR AREA _____ <input type="checkbox"/> SQ M.
SECONDARY TYPE: _____	OIL TANK: _____ INSIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> YEAR BUILT: _____ OUTSIDE <input type="checkbox"/> IN GROUND <input type="checkbox"/> SOLID FUEL QUESTIONNAIRE ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	SEPTIC TANK <input type="checkbox"/> YES <input type="checkbox"/> NO
COMBINATION STATE TYPES: _____		

ADDITIONAL LIABILITY EXPOSURE INFORMATION

	YES	NO	# OF		YES	NO	# OF		YES	NO	# OF
LOCATION RENTED TO OTHERS (#wks)				ADDITIONAL RESIDENCES/PROPERTIES				BUSINESS OPERATIONS AT THIS LOCATION (State type & gross revenue.)			
ADDITIONAL FAMILIES				UNITS (INDICATE LOCATIONS IN COMMENTS):				ANY OTHER INCOME PRODUCING OPPORTUNITIES			
ROOMS RENTED TO OTHERS				DAYCARE/CHILDREN				ADDITIONAL INSUREDS TO BE ADDED			
SADDLE/DRAFT ANIMALS				INCIDENTAL OFFICE USE				SWIMMING POOL			
OTHER EXPOSURES / COMMENTS:											

COVERAGE: FORMS, LIMITS & DEDUCTIBLES - Attach home evaluation (if applicable)

DEDUCTIBLE:	BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED PREMIUM
\$	\$	\$	\$	\$	\$	\$	\$	\$

ADDITIONAL COVERAGE

COVERAGE EXTENSIONS	YES	NO	LIMIT	DED	PREMIUM \$	COVERAGE EXTENSIONS	YES	NO	LIMIT	DED	PREMIUM \$
REPLACEMENT COST ON CONTENTS						BURGLARY					
CONDOMINIUM ADDITIONAL PROTECTION						VANDALISM					
SEWER BACK-UP						OTHER					
FIRE DEPARTMENT CHARGES						OTHER					
EARTHQUAKE						ZONE					
BUILDING LIMIT \$			CONTENT LIMIT \$	DED \$	PREMIUM \$	TERR.			CONSTRUCTION TYPE		
IF BROKER HAS SEEN THE PROPERTY:		DATE YYYY MM DD		CONDITION OF PROPERTY: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			TOTAL ESTIMATED PREMIUM THIS PAGE \$				

REMARKS

LOCATION

IS HOME LOCATED IN A REGISTERED MOBILE HOME PARK? YES NO TYPE OF PARK: NOT IN MOBILE HOME PARK YEAR ROUND
 SEASONAL OTHER (SPECIFY) _____

NAME OF MOBILE HOME PARK _____ NUMBER OF LOTS IN PARK _____



MOBILE HOME APPLICATION

PART 3 - PERSONAL PROPERTY DATA

SCHEDULED PERSONAL PROPERTY SUMMARY Check (✓) all that are present. Some items may require appraisals. Refer to company guidelines for information.

TYPE	✓	VALUE	TYPE	✓	VALUE	TYPE	✓	VALUE	TYPE	✓	VALUE
ANTENNA/RECEIVER			FINE ARTS:			JEWELLERY			TOOL FLOATER		
BICYCLES			BREAKAGE			MUSICAL INSTRUMENT			OTHER		
CAMERAS			OFF PREMISES			SATELLITE DISH			OTHER		
COINS			FIREARMS			SILVERWARE			OTHER		
COMPUTER EQUIPMENT			FURS			SPORTS EQUIPMENT			OTHER		
ELECTRONIC EQUIPMENT			HOME FREEZER			STAMPS			OTHER		

The summary list items checked above in the "list of individual items" below. Immediately underneath each summary, list the individual items. Serial Numbers may be required for specific items for identification purposes. If additional space is required, use a separate sheet.

#	LIST OF INDIVIDUAL ITEMS / SERIAL #	PURCHASE/ APPRAISAL DATE	SINGLE ITEM AMT OF INS.	ALL RISKS	NAMED PERILS	BUSINESS USE (✓)	DED (\$)	PREMIUM (\$)

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

WATERCRAFT AND WATERCRAFT TRAILER DETAILS

CHOOSE ONE TYPE: INBOARD - OUTBOARD - INBOARD/OUTDRIVE - WATERJET PWC (PERSONAL WATERCRAFT) - SAIL - NON-POWER CRAFT - WATERCRAFT TRAILER - OTHER (SPECIFY)	CHOOSE ONE STYLE: BASS BOAT - CABIN CRUISER- DECKBOAT - HIGH PERFORMANCE BOAT - HOUSEBOAT - HOVERCRAFT - HYDROPLANE - MULTI-HULLED VESSELS - PANTOON BOAT - RUNABOUT/SKI BOAT - OTHER (SPECIFY)
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ITEM#	TYPE	YEAR BUILT	STYLE	MANUFACTURER	MODEL	SERIAL NUMBER	LENGTH
1		YYYY					<input type="checkbox"/> FT <input type="checkbox"/> M
2		YYYY					<input type="checkbox"/> FT <input type="checkbox"/> M
3		YYYY					<input type="checkbox"/> FT <input type="checkbox"/> M

ITEM#	PURCHASE DATE	PURCHASE PRICE	PURCHASED NEW?	VALUE OF ADDITIONAL EQUIPMENT (\$)	IF YOU WISH TO SCHEDULE ITEMS, GO TO PAGE 3, PERSONAL PROPER			REPLACEMENT COST
1	YYYY/MM/DD	\$	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	INCLUDED IN PURCHASE PRICE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
2	YYYY/MM/DD	\$	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	INCLUDED IN PURCHASE PRICE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
3	YYYY/MM/DD	\$	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	INCLUDED IN PURCHASE PRICE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	

ITEM#	ENGINE HORSEPOWER	MAXIMUM SPEED (KM)	USE (SPECIFY IN REMARKS)	WATERS NAVIGATED	MOORING AT	MOORING LOCATION POSTAL CODE	WINTER LOCATION POSTAL CODE
1			<input type="checkbox"/> PLEASURE <input type="checkbox"/> OTHER	<input type="checkbox"/> COASTAL <input type="checkbox"/> INLAND <input type="checkbox"/> OTHER			
2			<input type="checkbox"/> PLEASURE <input type="checkbox"/> OTHER	<input type="checkbox"/> COASTAL <input type="checkbox"/> INLAND <input type="checkbox"/> OTHER			
3			<input type="checkbox"/> PLEASURE <input type="checkbox"/> OTHER	<input type="checkbox"/> COASTAL <input type="checkbox"/> INLAND <input type="checkbox"/> OTHER			

OPERATOR DATA (IF YES, CONVICTION DETAIL MUST BE PROVIDED IN REMARKS)

#	NAME OF OPERATOR	D. O. B.	AUTO DRIVER'S LICENCE NO.	CONVICTIONS	CDN COAST GUARD	CDN YAUGHTING ASSOC.	POWER SQUADRON	CERTIFICATE NUMBER
1		YYYY MM DD		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
2		YYYY MM DD		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
3		YYYY MM DD		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

ITEM#	LIENHOLDER/LESSOR - NAME, ADDRESS, POSTAL CODE	NATURE OF INTEREST

ITEM#	PERILS REQUIRED	BASIS OF SETTLEMENT	DEDUCTIBLE \$ OR %	AMOUNT OF INSURANCE	DISCOUNT DESCRIPTION	DISCOUNT AMOUNT \$ OR %	PREMIUMS
1	AR NP RC ACV SA GRC			\$			\$
2				\$			\$
3				\$			\$

TOTAL ESTIMATED PREMIUM THIS PAGE

REMARKS

CONSENT AND DISCLOSURE

Where (a) an applicant for this contract gives false particulars to the prejudice of the insurer or 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 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
SEND DOCUMENTS TO: <input type="checkbox"/> INSURED <input type="checkbox"/> BROKER	SIGNATURE OF BROKER/AGENT		DATE YYYY MM DD