

CSIO**HABITATIONAL INSURANCE APPLICATION**

PART 1

LANGUAGE

 ENGLISH FRENCH

INSURANCE COMPANY

POLICY NUMBER

NEW

 NEW REPLACING POL. NO.

NUMBER OF LOCATIONS: 1

NUMBER OF ATTACHMENTS:

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

BROKER CLIENT ID

PROSPR1

BROKER/AGENT

AGENCY CODE

Kami Insurance Agencies Ltd.

POSTAL CODE

200 - 678 West Broadway
Vancouver, BC V5Z 1G1

BRANCH CODE

RESIDENCE TELEPHONE

BUSINESS TELEPHONE

FAX NUMBER

ELECTRONIC MAIL

 BROKER / AGENT BILL

CREDIT CARD #

 COMPANY BILL

OTHER (SPECIFY):

PAYMENT PLAN

WITHDRAWAL DATE (YYYY/MM/DD)

EFFECTIVE DATE (YYYY/MM/DD)

TIME

A.M.

EXPIRY DATE (YYYY/MM/DD)

12:01 AM

All times are local times
at the applicant's postal
address stated herein.**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:

CO-APPLICANT'S OCCUPATION:

YEARS CONTINUOUSLY EMPLOYED:

DATE OF BIRTH (YYYY/MM/DD):

3. LOSS & POLICY HISTORY

STATE ALL LOSSES OR CLAIMS BY THE APPLICANT OR OTHER MEMBER OF THE APPLICANT'S HOUSEHOLD IN THE PAST 5 YEARS.

DATE (YYYY/MM/DD)	LOC. NO.	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

IF YES, PROVIDE DETAILS:

DATE:

NAME OF PREVIOUS INSURER:

POLICY NUMBER:

EXP. DATE (YYYY/MM/DD):

LIST POLICY NUMBERS OF OTHER INSURANCE WITH THIS COMPANY:

EXP. DATE (YYYY/MM/DD):

FOR HOW MANY YEARS HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURER?

4. DISCOUNT AND / OR SURCHARGES

LOC. No.	DISCOUNT	TYPE	% / \$	INCLUDED YES NO	LOC. No.	SURCHARGE	TYPE	% / \$	INCLUDED YES NO
	DISCOUNT			<input type="checkbox"/> <input type="checkbox"/>		SURCHARGE			<input type="checkbox"/> <input type="checkbox"/>
	DISCOUNT			<input type="checkbox"/> <input type="checkbox"/>		SURCHARGE			<input type="checkbox"/> <input type="checkbox"/>
	DISCOUNT			<input type="checkbox"/> <input type="checkbox"/>		SURCHARGE			<input type="checkbox"/> <input type="checkbox"/>

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 \$	0.00	NUMBER OF PAYMENTS	PAYMENT WITH APPLICATION	FINANCIAL INSTITUTION
PROVINCIAL TAX (if applicable) \$	0.00	ONE	FULL PREMIUM PAID \$	ACCT #
HANDLING CHARGE % \$	0.00	THREE	MONTHLY INITIAL PAYMENT \$	0.00
TOTAL ESTIMATED COST \$	0.00	OTHER (EXPLAIN)	DATE	MONTHLY PAYMENTS FOR MONTHS @ \$
				0.00

6. CONSENT AND 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 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)

7. BROKER/AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? YES NO HOW LONG HAVE YOU KNOWN THE APPLICANT? BOUND 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 (YYYY/MM/DD): CONDITION OF PROPERTY: GOOD FAIR POOR

REMARKS

SIGNATURE OF BROKER/AGENT

DATE (YYYY/MM/DD)

CSIO HNB (10/03)

PLEASE COMPLETE PART 2

OP ID JK

CSR JK

8. RISK LOCATION IF DIFFERENT FROM APPLICANT'S ADDRESS	LOSS PAYEE'S NAMES, ADDRESSES AND POSTAL CODES
	NATURE OF INTEREST
POSTAL CODE	

9. RATING INFORMATION		YEAR BUILT	GROUND FLOOR AREA	SQ. FT. <input type="checkbox"/>	SQ. M. <input type="checkbox"/>								
OCCUPANCY/ # OF FAMILIES	#	FIRE PROTECTION	SECURITY SYSTEM	YES	NO	LOCAL	MON-ITORED	HEATING	FUEL	PRI-MARY	AUX-ILIARY		
PRIMARY		UNPROTECTED	FIRE					FURNACE (CENTRAL)					
SECONDARY		WITHIN 300 M OF HYDRANT	MONITORED BY					COMBINATION WITH WOOD					
SEASONAL		WITHIN 8 KM OF FIREHALL	BURGLAR					COMBINATION WITHOUT WOOD					
RENTAL		FIREHALL:	MONITORED BY					FURNACE (CENTRAL) WITH					
VACANT		CONSTRUCTION	SPRINKLER					ADD-ON WOODBURNING UNIT					
UNOCCUPIED		ASBESTOS	SMOKE DETECTOR					HEAT PUMP					
UNDER CONSTRUCTION		BRICK	TYPE:					SPACE HEATER					
# STOREYS:		CEMENT	OTHER SECURITY					ELECTRIC					
STRUCTURE TYPE	FRAME							WALL FURNACE					
DETACHED		AGGREGATE	RENOVATION UPGRADE					FIREPLACE INSERT					
SEMI-DETACHED		MASONITE	ELECTRICAL					SOLID FUEL HEATING UNIT				YES	NO
TOWNHOUSE		ALUMINIUM	AMPS:					PROFESSIONAL INSTALLATION					
ROWHOUSE		MASONRY	TYPE:					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	<input type="checkbox"/> COPPER % <input type="checkbox"/> PLASTIC % <input type="checkbox"/> OTHER %					SIZE: MAKE: YEAR:					
OTHER:		STEEL	ROOFING					OIL TANK INSIDE ABOVE GRND					
APTS - # UNITS:		MASONRY VENEER	TYPE:					AGE: YRS OUTSIDE IN GROUND					
DUPLEX		TRIPLEX	BRICK VENEER					REMARKS					
MULTI-PLEX			NON-FIRE RESISTIVE										
MERCANTILE			VINYL					OUTBUILDINGS: USE: VALUE:					
								CONSTR: HEAT:					

10. ADDITIONAL LIABILITY EXPOSURE INFORMATION									
EXPLAIN "YES" RESPONSES	YES	NO	# WEEKS:	EXPLAIN "YES" RESPONSES IN REMARKS	YES	NO	REMARKS (CONTINUE IN REMARKS SECTION)		
LOCATION RENTED TO OTHERS:		<input checked="" type="checkbox"/>		DAYCARE - # CHILDREN:		<input checked="" type="checkbox"/>			
# ADDITIONAL FAMILIES:				INCIDENTAL OFFICE USE?		<input checked="" type="checkbox"/>			
# ROOMS RENTED TO OTHERS:		<input checked="" type="checkbox"/>		COMMERCIAL OPERATIONS AT THIS LOCATION?		<input checked="" type="checkbox"/>			
# SADDLE/DRAFT ANIMALS:		<input checked="" type="checkbox"/>		ANY OTHER INCOME OPPORTUNITIES?		<input checked="" type="checkbox"/>			
ADDITIONAL RESIDENCES/PROPERTIES		<input checked="" type="checkbox"/>		IS THERE A CO-OCCUPANT WHO REQUIRES COVERAGE?		<input checked="" type="checkbox"/>			
# UNITS (INDICATE LOCATIONS IN REMARKS):				SWIMMING POOL		<input checked="" type="checkbox"/>			
				OTHER EXPOSURES		<input checked="" type="checkbox"/>			
				# SERVANTS IN: OUT: CHAUF: OCC'L: VOL COMP REQ'D:					

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	DEDUCTIBLE	REMARKS	PREMIUM
GUARANTEED REPLACEMENT COST-BUILDING		<input checked="" type="checkbox"/>				
REPLACEMENT COST ON CONTENTS		<input checked="" type="checkbox"/>				
CONDOMINIUM ADDITIONAL PROTECTION ENDORSEMENT		<input checked="" type="checkbox"/>				
TENANTS IMPROVEMENT		<input checked="" type="checkbox"/>				
SEWER BACK-UP		<input checked="" type="checkbox"/>				
EARTHQUAKE		<input checked="" type="checkbox"/>				
MASS EVACUATION		<input checked="" type="checkbox"/>				
RENTAL INCOME		<input checked="" type="checkbox"/>				
BURGLARY						
VANDALISM						

TOTAL ESTIMATED PREMIUM THIS PAGE \$ 0.00

REMARKS

Code	Description	Num	Type	Deductible	Amt. of Ins.	Premium

Loc. No.	DISCOUNT	TYPE	% / \$	INCLUDED		Loc. No.	SURCHARGE	TYPE	% / \$	INCLUDED	
				YES	NO					YES	NO
	DISCOUNT			<input type="checkbox"/>	<input type="checkbox"/>		SURCHARGE			<input type="checkbox"/>	<input type="checkbox"/>
	DISCOUNT			<input type="checkbox"/>	<input type="checkbox"/>		SURCHARGE			<input type="checkbox"/>	<input type="checkbox"/>
	DISCOUNT			<input type="checkbox"/>	<input type="checkbox"/>		SURCHARGE			<input type="checkbox"/>	<input type="checkbox"/>