

i3 HOME APPLICATION

Please send completed application by selecting submit below or emailing to underwriting@i3underwriting.com.

GENERAL INFORMATION

Name of Applicant(s): _____

Address: _____

City: _____ Postal Code: _____

Date Coverage Required: _____

LIMITS REQUESTED

Building Value: _____

Detached Private Structure: _____

Personal Property: _____

Additional Living Expense: _____

Deductible: \$1,000 \$2,500 \$5,000 \$10,000

Liability Limit: \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

Earthquake: Yes No

Scheduled Jewellery: _____

Fine Arts: _____ Include Art Breakage: Yes No

Extended Wine Coverage: Yes No Value of Wine: _____

LOSS HISTORY

Loss History (5 years): _____

Current Insurer: _____ Premium: _____

Have you ever been cancelled or non-renewed?: Yes No If yes, why? : _____

APPLICANT INFORMATION

Occupation of Applicant(s): _____

Date of Birth of Applicant(s): _____

Marital Status: Single Married Divorced Widowed

Home Based Business?: Yes No If yes, describe: _____

OCCUPANCY

Occupancy: Primary Secondary Seasonal Vacant Rental
 Under Construction/Renovations For Sale Other: _____

Number of Families: _____ Number of Units/Suites: _____

Are there any roomers, boarders or tenants on premises? Yes No

Does this location contain any form of grow operations? Yes No

HOME INFORMATION

Year Built: _____ Roof Construction: _____

Storeys: _____ Square Footage: _____

Construction: _____ Exterior Siding Type: _____

Primary Heating Source : _____ Number of Outbuildings: _____

Heating Fuel: _____ Secondary Heating Source: _____

Woodstove: Yes No Alarmed for Fire: Yes No Monitored Local

If yes, is it WETT Certified? Yes No Sprinkler System: Yes No

Burglar Alarm: Yes No Monitored Local Distance to Firehall: <5km <8km >8km

Swimming Pool: Yes No Indoor Outdoor Distance to Hydrant: <150m <300m >300m

Does the pool meet local code requirements? Yes No Number of smoke detectors: _____

DWELLING UPDATES**Must be answered if home 25 years or older:**

Plumbing: _____ Heating: _____

Roofing: _____ Electrical: _____ Type: _____

Other: _____ Amperage: _____ Breakers Fuses

INTERESTS

Additional Insureds: _____

Mortgagee (include address): _____

Loss Payee (include address): _____

PERSONAL UMBRELLA

Owned Residences: (1) _____

(2) _____

(3) _____

Owned Watercraft: (1) _____ Length: _____ Hp: _____ Max Speed (MPH): _____

(2) _____ Length: _____ Hp: _____ Max Speed (MPH): _____

Owned Vehicles: (1) Year: _____ Make: _____ Model: _____

(2) Year: _____ Make: _____ Model: _____

(3) Year: _____ Make: _____ Model: _____

Has the Applicant ever been sued for liabel or slander? Yes No

Does anyone within the household have less than 5 years driving experience? Yes No

If yes, please provide details of driver and advise of any claims: _____

Does the Applicant regularly spend 4 months or more outside of Canada? Yes No

Has the Applicant/anyone in the household had any at-fault accidents in the past 5 years? Yes No

Has the Applicant/anyone in the household ever been convicted of a DUI, suspension, or criminal negligence? Yes No

Umbrella Liability Limit Required: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

NOTES

The Applicant has read the foregoing and understands that completion of this Application does not bind the insurer or the broker to complete the insurance on the terms requested or at all. Terms and conditions of coverage are as set out in the policy without reference to the terms and conditions requested in the Application herein or otherwise.

It is further agreed that if, in the time between submission of this Application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to the Loss History portion of this Application, such information shall be revealed immediately in writing to i3 Underwriting Managers Inc.

The Applicant certifies that all statements made in this Application are complete and accurate and applies for a contract of insurance based upon the truth of these statements.

Applicant's Signature: _____

Print Name: _____ Date: _____