

Non-Standard Homeowner's Application

Broker Name:	Contact Name:	Date:
--------------	---------------	-------

Telephone #:	Fax #:	Email Address:
--------------	--------	----------------

Has Broker seen the Risk? Yes No

Applicants Name:

Location Address:

Principal Dwelling Mortgagees Name and Address:

Is this a Heritage Designated building Yes No

Dwelling Type: Detached Semi-Detached Townhouse Duplex Other, describe:

Year Built:	# Storeys:	Total area of building:	Construction:
-------------	------------	-------------------------	---------------

Year Purchased:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Finished <input type="checkbox"/> Unfinished <input type="checkbox"/>
-----------------	--------------------------------------------------------------------	-----------------------------------------------------------------------

Smoke Detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Carbon Monoxide Detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------------------------------------	-------------------------------------------------------------------------------------	------------------------------------------------------------------------------

Distance to Fire Hydrant:	Distance to Fire Hall:
---------------------------	------------------------

Acreage Farm Any animals/reptiles/pets being raised or kept? Yes No **If Yes, What breed?**

Electrical: Copper Aluminium Knob & Tube Other:
 Electrical System: Circuit Breakers Fuses 60 amp 100 amp 200 amp Other:
 Electrical System Updated: Yes No Date:

Have the Electrical System updates been inspected by a licensed electrician? Yes No

Plumbing: Updated: Yes No Date: Type:

Roof: Age of roof:

Heating: Furnace Boiler Electric Other:
 Heating Fuel Type: Natural Gas Oil* Propane* Solid Fuel* Other:
**Additional Questionnaire may be required*
 Any auxiliary heating? No Yes, Type:
 Heating System Updated: Yes No Date:

Amenities (if applicable):
 Swimming pool Outdoor Indoor Hot tub Outdoor Indoor Other, describe:

Is any portion of the dwelling used for short term rental (i.e. rental term less than 12 months)? Yes No
If Yes, complete the following questions:
 Type of rental: Entire home Basement apartment Private room(s) with common areas shared with Insured
 common/shared spaces only, specify: Other, specify:

What online networks are used to rent out the property?

Airbnb FlipKey HomeAway VRBO Other, specify:

Approximate number of days the property is rented out:

Does the Insured actively participate in the selection process of the tenants occupying the premises? Yes No

Are written rental agreements in place with tenant(s)? Yes No

Who manages the property if the entire dwelling is for rent?:

Insured remains in local area/city Designated local representative None Other, describe:

If rental of a basement apartment, is it in compliance with local municipalities and by-laws? Yes No

What measures are taken to ensure the safe use of amenities, swimming pool and/or any other water sources that tenants can access?

Describe:

Is any portion of dwelling or land rented, leased or occupied by others for other reasons? Yes No

If Yes, provide details:

Is any portion of dwelling used for business purposes? Yes No

If Yes, provide details:

Was any portion of the dwelling remediated (due to mould, asbestos, grow ops, etc.) in the past five years? Yes No

If Yes provide details:

Insured – Date of Birth: Occupation: Self-employed? Yes No

Spouse – Name: Occupation: Date of Birth: Self-employed? Yes No

Previous Insurer(s) - company:

Policy Term(s):

Policy Number :

Expiry Date:

Agent:

Reason for non-renewal/cancellation:

Has Applicant: been cancelled or refused insurance? Yes No Had any gaps in coverage? Yes No

If Yes to either question, provide comments:

Provide five year loss experience (open or closed):

Date	Insurer	Paid/Reserved	Type of Loss

Limits of Insurance

Dwelling Principal Residence Limit: \$

Contents Limit: \$

Outbuildings Limit: \$

Liability (OL&T): \$

Additional comments:

Current original photos of front and back of risk must accompany Questionnaire

I may have provided personal information in this document and by other means 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, renewals, changes of coverage, 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.

Applicant's Signature:

Date: