



200-20627 Fraser Highway, Langley, BC V3A 4G4  
Tel: (604) 532-6864 Tel: 1-877-532-6864 Fax: (604) 532-6894

### SEASONAL DWELLING APPLICATION

CURRENT PHOTOS OF FRONT AND BACK OF RISK MUST ACCOMPANY QUESTIONNAIRE.

Brokerage: \_\_\_\_\_ Broker: \_\_\_\_\_  
Tel # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

#### GENERAL INFORMATION

Name of Applicant \_\_\_\_\_  
Mailing Address & Postal Code \_\_\_\_\_  
Risk Address \_\_\_\_\_  
Loss Payable \_\_\_\_\_

#### LOSS HISTORY

Current insurer \_\_\_\_\_

Policy number \_\_\_\_\_

Has any insurer cancelled or refused insurance to applicant? Yes  No

If yes, describe reason \_\_\_\_\_

Has the applicant suffered any losses or claims within the past 5 years? Yes  No

If yes, give details \_\_\_\_\_

Is applicant aware of any fact or circumstances that may give rise to any future losses?

Yes  No

If yes, explain \_\_\_\_\_

#### BUILDING DESCRIPTION

Year built \_\_\_\_\_ Year purchased \_\_\_\_\_

Walls \_\_\_\_\_ Frame  Log  HCB  Fire Res  Other \_\_\_\_\_

Swimming Pool Yes  No  If yes, Inground \_\_\_\_\_ Above ground \_\_\_\_\_ Fully fenced Yes  No

Dock/wharf Yes  No  If yes, permanent or seasonal? (circle and attach photo)

Acreege \_\_\_\_\_Acres/Hectares      Waterfront Yes  No

If risk location is older than 20 years, please advise year of update:

Roof            T&G\_\_\_ Metal \_\_\_ Duroid\_\_\_ Tile \_\_\_ Other (\_\_\_\_\_) \_\_\_ Year updated \_\_\_\_\_

Heating       Gas \_\_\_ Oil \_\_\_ Electric\_\_\_ Propane\_\_\_ Other\_\_\_\_\_ Year updated\_\_\_\_\_

Wood Heat    Auxiliary \_\_\_ Primary \_\_\_ (Attach wood heat questionnaire and photos)

Wiring        Breakers\_\_\_ Fuses\_\_\_ Amperage \_\_\_\_\_ Year updated\_\_\_\_\_

Plumbing     Type: % plastic \_\_\_ % copper \_\_\_ % other (\_\_\_\_\_) \_\_\_ Year updated \_\_\_\_\_

Foundation   Concrete\_\_\_ Wood\_\_\_ Other\_\_\_

Height        # of Stories\_\_\_\_\_ SQFT of building \_\_\_\_\_

Basement    Yes  No  Finished area \_\_\_\_\_

Public Protection    Hydrant within \_\_\_\_\_metres      Firehall within \_\_\_\_\_ metres

Volunteer Hall \_\_\_ Paid Hall \_\_\_\_\_

Private Protection    Sprinklered                    Yes                     No

                                 Fire Extinguishers    Yes  No  How many\_\_\_\_\_ Type \_\_\_\_\_

Burglar Alarm System        Local \_\_\_ Monitored \_\_\_ Name of Monitoring Co \_\_\_\_\_

Other Security Features \_\_\_\_\_

## OCCUPANCY

How often is the building occupied by the insured(s)\_\_\_\_\_

In what months is the risk unoccupied? Jan  Feb  Mar  Apr  May  June  July  Aug  Sept   
Oct  Nov  Dec

During any periods of unoccupancy what arrangements have been made to secure and protect the property? \_\_\_\_\_

## RENTALS

Is the risk rented to others? Yes  No

If yes, % Daily Rentals\_\_\_\_\_ %Weekly Rentals\_\_\_\_\_ %Monthly Rentals\_\_\_\_\_

Who arranges the rentals Insured \_\_\_ Other \_\_\_\_\_

Is a Property Manager in place Yes  No  If yes, who \_\_\_\_\_

Who is responsible for maintenance? \_\_\_\_\_

How are tenants secured and screened? (ie website, word of mouth etc?)  
\_\_\_\_\_

Is there a rental contract? Yes  No

**LIMITS OF INSURANCE**

<b>Coverage</b>	<b>Limit</b>
DWELLING BUILDING	
OUTBUILDINGS	
CONTENTS	
LIABILITY - PREMISES ONLY	
SEWER BACK UP	
EARTHQUAKE	
RENTAL INCOME (IF REQUIRED 100% CO)	

**BROKER/AGENT QUESTIONNAIRE**

IS THIS BUSINESS NEW TO YOUR OFFICE? Yes  No

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? Yes  No  (If yes, describe in remarks)

HAVE YOU SEEN THIS PROPERTY? Yes  No  IF YES, WHEN? \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

Housekeeping Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Fair \_\_\_ Poor \_\_\_

**REMARKS**

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**CONSENT & 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 (b) 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..

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Broker's signature

\_\_\_\_\_  
Date