



Name of Insured:		Prior Carrier:	Effective Date:	
Your Name and Your Agency:		How long has your office known client:	Your Fax Number:	Your Phone Number:
Insured's Occupation:	Date of Birth:	Marital Status:	Employer:	
Spouse's Occupation:	Date of Birth:	Employer:		
Has the insured or any family member in the household been cancelled by any insurance company in the last 5 years, including non-pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the home currently under renovation or construction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there any other material information we need to know in order to accurately judge this risk? Comment:	

**HOME & CONTENTS:**

Property Location Address	Dwelling Limit	Contents Limit	Deductible Options	Year Built / Renovated	Type of Construction	Occupancy
	\$	\$	\$		<input type="checkbox"/> Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Other	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other
				<input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Roof		
Distance to Fire Department	Distance to Public Hydrant	Burglar Alarm	Fire Alarm		Sprinkler System	
<input type="checkbox"/> Within 8 KM <input type="checkbox"/> More than 8 KM	<input type="checkbox"/> Within 300M <input type="checkbox"/> More than 300M	<input type="checkbox"/> Central <input type="checkbox"/> Cell Back up / DVAC <input type="checkbox"/> Local only	<input type="checkbox"/> Central <input type="checkbox"/> Cell Back up / DVAC <input type="checkbox"/> Local only		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Temperature Monitoring System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Back Up Power Generator: <input type="checkbox"/> Yes <input type="checkbox"/> No	24 Hour Security Guard: <input type="checkbox"/> Yes <input type="checkbox"/> No		Perimeter Gates: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Caretaker Lives On Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No	Caretaker Lives Off Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler Water Flow Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No		Gated & Guarded: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Surveillance Cameras: <input type="checkbox"/> No <input type="checkbox"/> Yes	Other External Detection System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gas Leakage Detector: <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Information:		

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**FOR ADDITIONAL LOCATIONS PLEASE SUBMIT ADDITIONAL WORKSHEETS**



#200-20627 Fraser Highway, Langley, BC V3A 4G4

TF 1.877.532.6864

P 604.532.6864

F 604.532.6894

**LOSS HISTORY:** Please list all losses, including Home, Contents, Liability, Private Collections and Auto theft losses paid and unpaid, for the past **five years**:

Date	Description of Loss	Amount Paid
		\$
		\$
		\$
		\$

**PRIVATE COLLECTIONS:**

Class	Scheduled Values (Itemize)	Approx. Number of Scheduled Items	Blanket Values	Residence location of items
Fine Arts	\$		\$	
Jewellery	\$		\$	
Jewellery in Vault	\$		\$	
Silverware	\$		\$	
Musical Instruments	\$		\$	
Stamps	\$		\$	
Coins	\$		\$	
Wine	\$		\$	
Collectibles	\$		\$	
Furs	\$		\$	
Other	\$		\$	

**EXCESS LIABILITY:**

Excess Liability Limit Requested: \$
Excess Uninsured & Underinsured Motorist Limit Requested: \$ <i>(not in Quebec)</i>

List Residence Locations	List Vehicles Including Recreational Vehicles	List Watercraft Including Length	List Drivers and Approximate Age	Number of At fault Accidents and Convictions Last 3 Years
1.	1.	1.	1.	1.
	2.	2.	2.	2.
2.	3.	3.	3.	3.
	4.	4.	4.	4.
3.	5.	5.	5.	5.
	6.	6.	6.	6.
4.				

Additional Information:

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## **PRIVACY DISCLOSURE AND CONSENT**

Chartis Insurance Company of Canada (“Chartis”) is committed to respecting and maintaining our client’s privacy. Chartis has adopted *Privacy Principles* which set out how and why we handle and protect our client’s personal information. You may obtain a copy of the *Privacy Principles* at [http://www.chartisinsurance.com/ca-privacy\\_922\\_215631.html](http://www.chartisinsurance.com/ca-privacy_922_215631.html).

In order for Chartis to process an application for insurance, one of the following privacy disclosure and consent options must be completed.

You may:

- **Option 1** - Read the attached script to the client, sign it with your name and submit it to Chartis or;
- **Option 2** - Send the application to the client for their signature.

### **OPTION 1 – READ SCRIPT TO CLIENT – BROKER SIGNATURE REQUIRED**

“You certify that the information you are providing to Chartis Insurance Company of Canada in connection with this application for insurance is true and complete to the best of your knowledge and belief, and that in the event of a false or misleading statement your application can be denied or coverage cancelled. You agree that the personal information you provide in respect of this application will be forwarded to Chartis, who along with its authorized administrators, reinsurers, agents and adjusters will use the information to: (i) assess your application for insurance; (ii) set up and manage your products and services; (iii) evaluate and investigate claims; and (iv) detect and prevent fraud. Chartis shall also consult its existing files for these purposes. Chartis may also seek an extract of your driver’s record, a credit report, and obtain your personal information from and exchange your personal information with other insurance companies, reinsurers, medical professionals, and industry organizations, where reasonably required, for I) statistical purposes; II) in connection with this application for insurance and any renewal, extension, variation or cancellation of any policy, if issued; and III) in the event of any claim. Chartis may also collect, use and disclose your personal information as required or permitted by law. For further information on Chartis’ privacy commitment, you may review and obtain a copy of its *Privacy Principles* at [http://www.chartisinsurance.com/ca-privacy\\_922\\_215631.html](http://www.chartisinsurance.com/ca-privacy_922_215631.html).”

**Broker Certification** - I certify that: (i) I have read the above notice to the applicant; and (ii) the applicant has affirmed their agreement to the above collection, use and exchange of their personal information.

\_\_\_\_\_  
Signature of Broker

### **OPTION 2 – CLIENT SIGNATURE REQUIRED**

You agree that the personal information you provide in respect of this application will be forwarded to Chartis Insurance Company of Canada, who along with its authorized administrators, reinsurers, agents and adjusters will use the information to: (i) assess your application for insurance; (ii) set up and manage your products and services; (iii) evaluate and investigate claims; and (iv) detect and prevent fraud. Chartis shall also consult its existing files for these purposes. Chartis may also seek an extract of your driver’s record, a credit report, and obtain your personal information from and exchange your personal information with other insurance companies, reinsurers, medical professionals, and industry organizations, where reasonably required, for I) statistical purposes; II) in connection with this application for insurance and any renewal, extension, variation or cancellation of any policy, if issued; and III) in the event of any claim. Chartis may also collect, use and disclose your personal information as required or permitted by law. For further information on Chartis’ privacy commitment, you may review and obtain a copy of its *Privacy Principles* at [http://www.chartisinsurance.com/ca-privacy\\_922\\_215631.html](http://www.chartisinsurance.com/ca-privacy_922_215631.html).

You certify that the information you are providing to Chartis in connection with this application for insurance is true and complete to the best of your knowledge and belief, and that in the event of a false or misleading statement your application can be denied or coverage cancelled.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date