

Brokerage:			
Broker Name:			
Broker Code:			
<b>Client Information</b>			
Named Insured:		Named Insured:	
Date of Birth:		Date of Birth:	
Marital Status:		Marital Status:	
Occupation - Employer:		Occupation - Employer:	
<b>Property Information</b> (Complete for Each Location)		<b>Risk Protection &amp; Loss Control</b> (Complete for Each Location)	
Effective Date:		Central Fire Alarm:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Location Address:		Central Burglary Alarm:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Distance to Fire Hydrant:	Within 300 m Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Residence:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Distance to Fire Station:	Within 8 km Yes <input type="checkbox"/> No <input type="checkbox"/>
Property Type:		Reverse Slope Driveway:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Square Footage:		Year Built:	<b>Earthquake:</b> Indicate # of Stories; Construction Type; Foundation; Roof Cover; Roof Age (if known):
Replacement Value:	\$	<b>Prior Insurance Information</b> (Complete for Each Location)	
Contents Coverage:	%	Prior Insurance Experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deductible:	\$	Prior Carrier:	
Personal Liability Limit:	\$	Cancelled/Non-Renewed/Gap in Insurance in the last 6 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rental Exposure:		Duration of Insurance:	
Will This Home be Fully Occupied at Inception?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years You Have Known Insured:	
Upcoming Renovations / Under Renovations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Mortgage Information</b> (Complete for Each Location)	
Prior Location Address (if less than 3 years at current address):		Number of Mortgages:	
		Mortgagee Name #1:	
		Mortgagee Name #2:	
<b>Credits</b>	1.	3.	
Advise if Any Apply:	2.	4.	
<b>Loss History</b> (Please provide loss history for a minimum of six years)			
Date of Loss	Loss Description		Amount Paid
			\$
			\$
			\$
Loss Mitigation: Please let us know if any loss mitigation work has been completed.			

Valuable Articles Coverage (VAC)							
Location Address (If Different Than Risk Address):							
		Blanket Value*			Itemized Value		
Jewellery - Out of Vault:		\$			\$		
Fine Art:		\$			\$		
Other (Please specify):		\$			\$		
Scheduled jewellery and fine arts may qualify clients for additional credits on the primary location (see applicable Rate & Rule Manual).							
<i>*If blanket coverage, please specific number of items; value of largest and smallest item (\$50,000 per item limit under blanket coverage).</i>							
Excess Liability							
Request Limit:	\$	# of Vehicles:		# of Locations:		# of Watercraft:	
Driver Name	Member of Household	Date of Birth	Relationship to Insured	Driver's License #	Province	# of Infractions	# of Claims
1.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
4.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
5.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Watercraft							
Value	Hull ID	Length	Year	Make	Model	Horsepower	Max Speed
\$							
\$							
\$							
Additional Lines (Check additional products client is interested in quoting)							
Private Passenger Vehicle <input type="checkbox"/>		Classic Car <input type="checkbox"/>		CSIO applications or declaration pages can be provided			
Additional Comments/Details							

**For Quebec only, do your client and all named insureds give consent to have their credit score accessed for the purpose of underwriting their insurance policy?** Yes  No

**Chubb. Insured.<sup>SM</sup>**

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