



# HABITATIONAL INSURANCE APPLICATION

BILLING  
 COMPANY  BROKER/AGENT

INSURANCE COMPANY **\*\*Agency Copy\*\***  QUOTE  NEW  RENEWAL POLICY NUMBER BINDER NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS 2. BROKERAGE/AGENCY INFORMATION

**SCU Insurance Services Ltd.**  
**1325 Pemberton Ave**

**BC** POSTAL CODE **Squamish** **BC** POSTAL CODE **V8B0B4**

CONTACT NUMBER(S) TYPE **Home Teleph** NC **Business Tel** NC  
 TYPE NO. TYPE **Fax** NO. - BROKER CODE CONTACT NAME **House**  
 PHONE NO. FAX NO. **604-892-5296**

PREFERRED DOCUMENT LANGUAGE  ENGLISH  FRENCH CONTRACT NUMBER SUB-CONTRACT NUMBER

EMAIL ADDRESS GROUP / PROGRAM NAME GROUP ID

WEBSITE ADDRESS COMPANY CLIENT ID

3. POLICY PERIOD

EFFECTIVE DATE **2016/03/16** TIME  A.M.  P.M. EXPIRY DATE **2017/03/16** AT 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.

4. APPLICANT DATA

INSURED NAME CO-INSURED NAME  
 OCCUPATION OCCUPATION

YEARS CONTINUOUSLY EMPLOYED DATE OF BIRTH YEARS CONTINUOUSLY EMPLOYED DATE OF BIRTH

OCCUPANCY DATE IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS

POSTAL CODE

5. LOSS HISTORY CLAIMS HISTORY REPORT DATE

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS?  YES  NO IF YES, COMPLETE THE CHART BELOW

LOSS DATE	LOC. #	CAUSE	CLAIM SETTLED (Y/N)	PAID AMOUNT	POLICY NUMBER	INSURANCE COMPANY

6(A). POLICY HISTORY FIRST TIME INSURED

HAS ANY INSURANCE COMPANY REFUSED TO PROVIDE INSURANCE IN THE PAST 5 YEARS?  YES  NO

IF YES, INDICATE INSURANCE REFUSAL TYPE  CANCELLED  DECLINED  REFUSED RENEWAL  RESTRICTED COVERAGE

BY WHICH INSURANCE COMPANY REASON

PREVIOUS INSURANCE COMPANY POLICY NUMBER EXPIRY DATE

SINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURANCE COMPANY? HAS IT BEEN CONTINUOUS?  YES  NO If no, please provide details in remarks.

6(B). CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY

LINE OF BUSINESS POLICY NUMBER

LINE OF BUSINESS POLICY NUMBER



# HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC # 1

PREMIUM TABLE  
TOWN ID CODE  
NO. OF ATTACHMENTS

7. RISK ADDRESS  SAME AS POSTAL ADDRESS

ACCESS:  EASY ACCESS ROAD  DIFFICULT ACCESS ROAD  ISLAND  ISOLATED RURAL  OTHER

8. MORTGAGEE / LOSS PAYEE(S) NATURE OF INTEREST

### 9. RATING INFORMATION

REPLACEMENT COST EVALUATOR PRODUCT	YEAR BUILT	# OF STOREYS	# OF FAMILIES	# OF UNITS	TOTAL LIVING AREA (excluding basement) <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.
DATE EVALUATION COMPLETED (YYYY/MM/DD)	SMOKER(S)? Y/N	DATE OF BIRTH OF ELDEST OCCUPANT (YYYY/MM/DD)			RELATIONSHIP TO APPLICANT

OCCUPANCY	EXTERIOR WALL FRAMING	HEATING TYPE	SECURITY SYSTEM	Y/N	LOCAL	MONITORED
PRIMARY	WOOD FRAME	PRIMARY HEATING APPARATUS	FIRE			
SECONDARY	CONCRETE BLOCK / MASONRY FRAME	FUEL	BURGLAR			

SEASONAL	LOG	LOCATION	SMOKE DETECTORS			
RENTAL	FIRE RESISTIVE	AUXILIARY HEATING APPARATUS	DETECTOR TYPE	NO:		
VACANT		FUEL	MONITORED BY			

UNOCCUPIED	EXTERIOR WALL FINISH	LOCATION	ALARM CERTIFICATE ATTACHED			
UNDER CONSTRUCTION		NO. OF FACE CORDS PER YEAR	SPRINKLER			
	BRICK VENEER	HEATING UNIT PROFESSIONAL INSTALLATION	SECURITY TYPE			

STRUCTURE TYPE/STYLE	VINYL SIDING	HEATING UNIT ULC, CSA, OR WH APPROVED	WATER MITIGATION MEASURES IN PLACE			
DETACHED	STUCCO	RADIANT HEATING AREA SQ.M. _____				
SEMI-DETACHED	STONE VENEER	MAKE _____ YEAR _____				

ROWHOUSE / TOWNHOUSE (END)	SOLID BRICK	OIL TANK	UPDATE YEAR	FULL (YY)	PARTIAL (YY)
ROWHOUSE / TOWNHOUSE (INSIDE)	ALUMINUM/METAL SIDING		HEATING		
HIGHRISE	WOOD	YEAR _____ <input type="checkbox"/> INSIDE <input type="checkbox"/> IN GROUND <input type="checkbox"/> OUTSIDE <input type="checkbox"/> ABOVE GROUND	ROOFING		

MOBILE HOME			TYPE _____		
MULTIPLEX			ELECTRICAL _____ AMPS		
			<input type="checkbox"/> BREAKERS <input type="checkbox"/> KNOB & TUBE <input type="checkbox"/> COPPER		

FOUNDATION		<input type="checkbox"/> UNPROTECTED <input type="checkbox"/> SUPERIOR SHUTTLE TANKER SERVICE			
POURED CONCRETE	SLAB/CONCRETE SLAB	_____ M. OF HYDRANT _____ KM. OF FIREHALL			
CONCRETE BLOCK	STONE		PLUMBING		

CRAWLSPACE		FIREHALL NAME: _____	COPPER _____ % PLASTIC _____ %		
FINISHED BASEMENT _____ %			GALVANIZED _____ %		

INTERIOR DETAILS	TYPE	%	TYPE	%	TYPE	%
INTERIOR WALL CONSTRUCTION						
INTERIOR FLOOR FINISH						
CEILING CONSTRUCTION						

ADDITIONAL INTERIOR DETAILS

WALL HEIGHT <input type="checkbox"/> Ft. <input type="checkbox"/> M. %	NUMBER OF KITCHENS: _____	NUMBER OF BATHROOMS: FULL _____
	NO. QUALITY	HALF _____
	_____ <input type="checkbox"/> BUILDER'S GRADE <input type="checkbox"/> CUSTOM <input type="checkbox"/> _____	
	_____ <input type="checkbox"/> BUILDER'S GRADE <input type="checkbox"/> CUSTOM <input type="checkbox"/> _____	

SWIMMING POOL	GARAGE / CARPORT
YEAR _____ <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> WITH FENCE <input type="checkbox"/> INDOOR <input type="checkbox"/> IN GROUND <input type="checkbox"/> WITHOUT FENCE	ATTACHED GARAGE? Y/N _____ SIZE - # OF CARS _____ <input type="checkbox"/> BUILT-IN <input type="checkbox"/> BASEMENT
	ATTACHED CARPORT? Y/N _____ SIZE - # OF CARS _____

### DETACHED OUTBUILDING(S)/OTHER STRUCTURE(S) (Additional limits required or any heated outbuildings)

STRUCTURE NO.	YEAR BUILT	STRUCTURE TYPE	EXTERIOR WALL FRAMING	HEATING APPARATUS	FUEL	TOTAL AREA <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.	VALUE (Included in detached private structure limit)



# HABITATIONAL INSURANCE APPLICATION

COVERAGE AND LIABILITY EXTENSIONS LOC # 1

**10. COVERAGE: FORMS, LIMITS & DEDUCTIBLES**

PACKAGE FORM AND TYPE					RATING PLAN	DED. \$	DED. TYPE
DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED BASE PREMIUM
\$	\$	\$	\$	\$	\$	\$	\$

**11. ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)**

CODE	COVERAGE DESCRIPTION	COVERAGE REQUESTED Y/N	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM	
						1	2	3	4	5		
GUARR	GUARANTEED REPLACEMENT COST-BUILDING											
GRCE	REPLACEMENT COST ON CONTENTS											
	UNIT OWNERS BUILDING IMPROVEMENTS AND BETTERMENTS											
	LOSS ASSESSMENT											
CCLA	CONDOMINIUM CONTINGENT LEGAL LIABILITY											
HSL	SINGLE LIMIT											
SEWER	SEWER BACK-UP											
IDFTT	IDENTITY THEFT											
RENT	RENTAL INCOME											
BYLAW	BYLAWS ENDORSEMENT											
ERQK	EARTHQUAKE											
ERQKF	POST-EARTHQUAKE DAMAGE											
PERLI	PERSONAL LIABILITY (UMBRELLA)											

PREMIUM FOR THIS SECTION \$

**12(A). LIABILITY EXPOSURES (Yes answers require liability extension coverage or remarks explaining coverage declined.)**

DO YOU OWN / RENT MORE THAN ONE LOCATION? NUMBER OF WEEKS LOCATION RENTED TO OTHERS? NUMBER OF ROOMS RENTED TO OTHERS? DAYCARE OPERATION - NUMBER OF CHILDREN DO YOU OWN A TRAMPOLINE? DO YOU HAVE A GARDEN TRACTOR? DO YOU HAVE A GOLF CART? NUMBER OF SADDLE / DRAFT ANIMALS? DO YOU HAVE ANY UNLICENSED RECREATIONAL VEHICLES? RENEWABLE ENERGY INSTALLATION ON PREMISES?	DO YOU OWN ANY WATERCRAFT? NUMBER OF FULL TIME RESIDENCE EMPLOYEES IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE? CO-OCCUPANT NAME _____ IS THERE ANY KIND OF BUSINESS OPERATION? IF YES, DESCRIBE BUSINESS _____ NUMBER OF DOGS IN THE HOUSEHOLD _____ BREED(S) OF DOGS _____ OTHER EXPOSURES _____
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**12(B). LIABILITY EXTENSIONS FROM PRIMARY LOCATION**

CODE	LIABILITY COVERAGE DESCRIPTION	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM	
					1	2	3	4	5		

PREMIUM FOR THIS SECTION \$

**13. DISCOUNTS AND SURCHARGES**

**DISCOUNTS AND SURCHARGES continued**

CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM	CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM

PREMIUM FOR THIS SECTION \$

**TOTAL ESTIMATED PREMIUM THIS PAGE \$ 0**



# HABITATIONAL INSURANCE APPLICATION

**14. PREMIUM INFORMATION**

TOTAL ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	PAYMENT PLAN	ESTIMATED INSTALLMENT AMOUNT	\$ / % ADDITIONAL CHARGES	TOTAL ESTIMATED COST
				<input type="checkbox"/> \$ <input type="checkbox"/> %	

**15. ATTACHMENTS**

ATTACHMENTS	DESCRIPTION	DATE COMPLETED	ATTACHMENTS	DESCRIPTION	DATE COMPLETED

**16. REMARKS**

*(This area is intentionally left blank for remarks.)*

**17(A). FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

**For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

**For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the settling of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

**For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**17(B). PERSONAL INFORMATION CONSENT**

**For all provinces and territories except Newfoundland and Labrador:** I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer'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, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

**For Newfoundland and Labrador:** I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer'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, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais. The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	

**18. BROKER / AGENT QUESTIONNAIRE**

IS THIS BUSINESS NEW TO YOUR OFFICE?  YES  NO      SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_      HAVE YOU BOUND THIS RISK?  YES  NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW?  YES  NO      IF YES, PROVIDE DETAILS IN REMARKS \_\_\_\_\_

HAVE YOU SEEN THE PRIMARY LOCATION?  YES  NO      IF YES, WHEN \_\_\_\_\_      CONDITION OF PROPERTY  GOOD  FAIR  POOR

BROKER / AGENT NAME **House**      SIGNATURE OF BROKER / AGENT **House**      DATE \_\_\_\_\_

## CONDOMINIUM PACKAGES

### **Personal Property**

Owners are responsible for insuring the contents of their units.

### **Other Essential Coverages**

The condo unit owners' package form is not intended to insure building values. However, condo unit owners have a financial interest in the building which can be jeopardized if not properly managed. For this reason, condo unit owners need the following additional coverages.

- **Unit Improvements and Betterments**

The building policy covers the unit as it was originally constructed. However, improvements made by a unit owner will generally increase the value of the unit. The condo form insures unit improvements and betterments made.

- **Loss Assessment**

If coverage on the building policy is inadequate to cover a loss to collectively owned property, a special assessment may be levied against each owner. Example – A co-insurance penalty on the building policy. If after the application of a co-insurance clause in the policy the strata corporation receives only 75% of its loss a levy may be assessed on each unit owner. To recover a 25% shortfall being \$50,000 a unit owner having a 10% ownership proportion would be subject to an assessment of \$5000.

- **Unit Additional Protection**

In the event that the strata corporation has no insurance on the building or it is inadequate or not effective the Condominium Act does not permit a general assessment to be made against all unit owners. Unit additional protection provides coverage in those instances.