



HARD TO PLACE RESIDENTIAL APPLICATION

Name of Applicant(s): _____

Mailing Address: _____

Location Address (if different from above): _____

of Years at this Location: _____

Date(s) of Birth of Applicant(s): _____

Occupation(s) of Applicant(s): _____

Years continuously Employed? _____

Loss Payable(s): _____

PREVIOUS INSURANCE & CLAIMS HISTORY

Please provide 5 year claims experience including details of any incidents or events known to the Applicant that may give rise to a claim (Attach separate sheets as necessary)

Date	Description	Reserve Amount	Paid	Expense	Status – Open / Closed
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

Is the location currently Insured? ____ Yes ____ No

If yes, current insurance carrier name: _____ Expiry Date _____

Reason standard market chose not to renew: _____

Have you had any losses caused by arson? _____ Yes _____ No

PROPERTY AND OCCUPANCY INFORMATION

Structure Type:

_____ Detached _____ Semi-Detached _____ Townhouse _____ Rowhouse _____ Duplex
_____ Triplex _____ Other _____ Other (please describe) _____

Is there a Firewall? _____ Yes _____ No

Occupancy:

_____ Primary _____ Secondary _____ Other (details required): _____

Construction:

of Stories _____ Year Built _____ Total Square Footage _____

Walls: _____ Frame _____ Brick/Stone _____ Aluminum Siding _____ Modular _____ Fire
Resistive _____ Masonry _____ Others (Please describe): _____

Roof:

_____ Concrete _____ Steel Deck _____ Wood Joist _____
Other (describe) _____

Utilities:

Dwelling Updates: *Please List/date any upgrades or maintenance done to the following below:*

Plumbing: _____ Heating: _____
Roofing: _____ Electrical: _____
Other: _____

Check all that apply:

Hydro: _____ 60 Amp _____ 100 Amp _____ 200 Amp _____ Aluminum Wiring
_____ Knob & Tube Wiring _____ Circuit Breakers _____ Fuses

Is there knob and tube wiring? _____ Yes _____ No

If there is any knob and tube wiring in the home and what percent % and where is it located?

If there is any aluminum wiring in the home and what percent % _____

For risks where 60 amp service is in use, do you have more than four major appliances in use at the

home (eg. refrigerator, washer/dryer, water heater, etc)? _____

Are any of your mortgages/liens/encumbrance payments in arrears? _____ Yes _____ No

Total amount of mortgages/liens/encumbrances: \$ _____

Do any business pursuits or farming take place on the premises? _____ Yes _____ No
(if yes, describe): _____

Are there any ex-farm buildings on the premises? _____ Yes _____ No
(if yes, describe): _____

Is there more than one family that lives in the home? _____ Yes _____ No

Is there a self-contained suite? _____ Yes _____ No

Do you have any roomers/boarders on premises? _____ Yes _____ No
(if yes, how many): _____

Have you ever had insurance cancelled midterm? _____ Yes _____ No
(if yes, provide detail): _____

Is the property for sale? _____ Yes _____ No

Protection

Fire: Hydrant within _____ Feet _____ Metres

Fire hall: _____ Fulltime _____ Volunteer Distance from location (kms) _____

Sprinkler System: _____ Yes _____ No _____ Wet _____ Dry

% of Building Sprinklered _____

Alarm : _____ Yes _____ No _____ Central _____ Monitored _____ Local

Fire Extinguishers: # _____ Type: _____ ABC _____ K (restaurants) _____ Size _____ lbs

Burglar Alarm : _____ Central _____ Monitored _____ Local

ULC Approved _____ Yes _____ No

_____ Full Perimeter _____ Partial Perimeter Contacts: _____ All Windows

_____ All Doors _____ Motion detector _____ Heat Detector Other: _____

What is your Target Premium for this submission: \$ _____ Desired Effective Date: _____

INSURANCE LIMITS REQUIRED

Building: \$ _____

Contents (appliances only): \$ _____

Liability (OL&T): \$ _____

Current photos of the front & rear of the dwelling will be required prior to binding.

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued by TCB Underwriters Ltd.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.

Signature of the Applicant: _____

Dated: _____

Print full Name and Title / Position: _____

BROKER NAME: _____

BROKERAGE NAME: _____

BROKERAGE ADDRESS: _____

BROKER PHONE NUMBER: _____

BROKER FAX NUMBER: _____

BROKER EMAIL: _____