



HIGH VALUE HOMEOWNERS APPLICATION

Name of Applicant(s) _____

Occupation/Employer _____ Years Continuously Employed _____

Mailing Address _____

Number of years at this location _____

Phone # _____ Alternate Phone # _____

Previous Address if changed in the last 3 years _____

Current insurance company on risk _____

Is renewal being offered? Yes No

If no, explain _____

Risk Location (legal address)
(if different from previous page) _____

Loss Payable _____

Occupancy

Single Family/Owner Occupied

Condo Package

Seasonal

FIRE PROTECTION:

Hydrant: Within 300m? _____ YES _____ NO

Fire Hall: Within 8km? _____ YES _____ NO _____ Paid _____ Volunteer

CONSTRUCTION:

_____ Brick _____ Frame _____ Stone _____ Masonry _____ Log

_____ Others (Please describe): _____

FOUNDATION:

_____ Concrete/Poured Concrete _____ Brick _____ Stone _____ Wood/ Lumber

AGE OF BUILDING: _____ NO. OF UNITS: _____ NO. OF OCCUPANTS: _____ NO. OF STORIES: _____

Are there fire extinguishers on site? _____ YES _____ NO

Are there operable smoke detectors? _____ YES _____ NO Operable sprinklers? _____ YES _____ NO

ELECTRICAL SYSTEM: _____ 60AMP _____ 100AMP _____ 200AMP _____ CB's

_____ Fuses _____ Aluminum Wiring

_____ Knob & Tube Wiring (location): _____

PLUMBING (type): _____ AGE OF ROOF: _____ SUMP PUMP: Age _____

Housekeeping: _____ Excellent _____ Good _____ Fair _____ Poor

Physical Condition of location & property: _____ Excellent _____ Good _____ Fair _____ Poor

Sump Pump Age _____

If Oil is used, please complete and attach Oil Tank Questionnaire and photos of oil tank(s) to this submission.

Does property have a central heating system? _____ YES _____ NO Type: _____

Is there a solid fuel heating unit? _____ YES _____ NO (If YES, please attach Solid Fuel Questionnaire).

UPDATE INFO (YEAR): _____ Electrical _____ Heating _____ Plumbing _____ Roof

Outbuilding(s) - Please complete individual premises information sheet for any outbuildings not attached to the main building.

Claims – any/all claims within last 5 years (please use another sheet if you need more room) _____

Are there additional residences or properties for which insurance is not requested here? Yes No

If yes, please provide details _____

Saddle/Draft Animals on site: _____ Yes _____ No

Is a daycare operated? _____ If yes, number of children _____

Is there any incidental office use? Yes No If yes, please describe

Swimming Pool? Yes No Above Ground In Ground Depth _____

of Acres _____

of Servants In _____ Out _____ Chauffeur _____ Occasional _____

Voluntary Compensation Required? Yes No

Form, Basis of Loss Settlement and Deductible will be based on risk qualification and may differ from your request. Personal Articles and Fine Arts –appraisals are required on articles in excess of \$1,000. A Deductible will apply.

Form	Broad Form _____	
Deductible	Other _____ \$2,500	
Limits	Building #1	\$
	Personal Property	\$
	Detached Private Structures	\$
	Personal Liability	\$

Jewellery \$ _____ (attach schedule)

Is Jewellery kept in a safe? Yes No If yes, what limit is in safe? \$ _____

Fine Arts _____ (attach schedule)

Watercraft _____ (attach schedule)

Other - Describe _____ (attach schedule)

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: _____

BROKER NAME: _____

BROKERAGE NAME: _____

BROKERAGE ADDRESS: _____

BROKER PHONE NUMBER: _____ **BROKER FAX NUMBER:** _____

BROKER EMAIL: _____