

CONDOMINIUM INSURANCE QUESTIONNAIRE

Applicant Information

Name Applicant(s): _____
 Address: _____
 _____ Postal Code: _____
 Home Phone #: _____ Business Phone #: _____
 Occupation(s): _____ Employer(s): _____
 Applicant(s) Date(s) of Birth: _____

Prior Insurance Information

Do you currently have an insurance policy in place? YES NO
 If so, who is the current Insurance Company and what is the expiry date of the policy? _____
 How many consecutive years have you carried home or condominium insurance coverage? _____
 How many years have you been at this location? _____
 Has any insurer cancelled, declined or refused to renew or issue insurance to you w/in the last 5 years? _____
 If yes, please explain: _____
 Have you sustained any claims or losses in the past five (5) years? _____
 If so, please provide the date of the loss and the amount of payment made by the insurance company.

Date of Loss	Type of Loss	Amount Paid

Coverage Information

When was the unit built? _____
 What type of heating is in the unit? _____ Is the building frame or fire resistive (concrete)? _____
 What floor is the unit on? _____ Is there any auxiliary heat in the unit? _____
 Is the unit an apartment, townhouse, or detached house? _____
 How many units are attached to your unit? _____ In your complex? _____
 Do you have any roommates or boarders? YES NO
 If so, how many do you have and do they carry their own insurance? _____
 Is there any commercial occupancy in the building (i.e. restaurant or store)? YES NO
 If so, please advise what type and where they are located in the building. _____

What contents limit is required to replace all personal property owned by the unit holder? (When determining the appropriate contents limit, please include the cost to replace articles with new articles of like kind and quality, including taxes. Contents include clothing, appliances, furniture, dishes, etc. Please also include at least another 5% to cover costs of debris removal or restoration.) _____

Earthquake coverage is not automatically included in most policies. Would you like a quotation? YES NO
 Have you or any prior owners made or acquired any improvements or betterments to your unit that are now your responsibility to insure? (i.e. improved flooring, changed cabinetry, fixtures, etc.) YES NO
 If so, please indicate the cost to replace the improvements. _____

Are you operating a business from this location? If so, please provide details: _____

Discounts

Please indicate if you feel you are eligible for any of these discounts:

- | | | | |
|--------------------------------|--------------------------|----------------------------|--------------------------|
| 3 years claims free credit | <input type="checkbox"/> | 5 years claims free credit | <input type="checkbox"/> |
| Mortgage free credit | <input type="checkbox"/> | Age 50 + credit | <input type="checkbox"/> |
| Sprinkler credit | <input type="checkbox"/> | Gated community credit | <input type="checkbox"/> |
| Monitored burglar alarm credit | <input type="checkbox"/> | Local alarm credit | <input type="checkbox"/> |
| Blockwatch credit | <input type="checkbox"/> | 24 hour guard credit | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

Miscellaneous Articles

As there are special limitations on certain target items, please indicate if you require special limits of coverage on any of the following items.

- | | | | | | | | |
|--|------------------------------|-----------------------------|----------|----------------|------------------------------|-----------------------------|----------|
| Bicycles | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | Furs | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ |
| Boats & Motors | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | Hearing Aids | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ |
| Cellular Phones | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | Jewellery | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ |
| C. B. Radios | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | Cameras | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ |
| Computers (Personal Use) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | Silverware | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ |
| Electronic Equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | Satellite Dish | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ |
| Sports Equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | Tools | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ |
| Collectibles | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | Fine Arts | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ |
| Vacation Trailer, Camper, Recreational Vehicle | | | | Other | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ |
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | | | | |

Additional Comments: _____

Name of Person Completing Form: _____

Date: _____