

## MOBILE HOME UNDERWRITING QUESTIONNAIRE

In order to comply with your request for insurance, we are forwarding a dwelling underwriting questionnaire for your completion and return. The information contained in the form will enable us to approach underwriters in order to obtain favourable terms for the insurance of your Mobile Home. An exterior photo of your home should accompany this form.

Please complete the form using the exterior measurements of your home and be as accurate as possible (the insurance company will be replacing the home based on the information you provide). Measuring the interior dimensions does not provide the true square footage of your home as it does not account for the thickness of the walls, the hallways, closets and the stairways. Realtors sometime use the interior dimensions so be cautious when using the information on the real estate listings.

If at any time during the policy term, you make changes to your dwelling (add an addition or upgrade the quality of workmanship) where you are increasing the replacement value of the home, **you must notify us** before commencing the work on the property. Otherwise, you could be in breach of your insurance contract.

If you have any unique characteristics of your home please indicate them on the form or attach a separate sheet.

Also, if you have any collectables in your home (collections of comic books, stamps, sports cards, antiques, etc.) please advise our office. It is better to determine the risks before entering into your insurance contract to ensure appropriate coverage before a loss occurs.

Personal Inventory Booklets are available upon request.

If you have any questions or require assistance in completing this form please contact our office.

Lower Mainland:

**Wilson M. Beck Insurance Services Inc.**  
#303 – 8678 Greenall Avenue  
Burnaby, BC V5J 3M6  
Phone: (604) 437-6200  
Fax: (604) 437-5347

Southern Interior:

**Wilson M. Beck Insurance Services Inc.**  
#105 – 1950 Harvey Avenue  
Kelowna, BC V1Y 8J8  
Phone: (250) 763-3840  
Fax: (250) 762-9633

[www.wmbeck.com](http://www.wmbeck.com)

## DWELLING UNDERWRITING QUESTIONNAIRE

### APPLICANT INFORMATION:

Full legal names of all persons listed on Land Title: \_\_\_\_\_  
\_\_\_\_\_

Civic address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Current policy number and expiry date: \_\_\_\_\_

Have you sustained any losses in the last five years: Yes  No

If yes, please describe the type of loss, approximate date and amount of claim:

| Date of Loss | Type of Loss | Amount Paid |
|--------------|--------------|-------------|
| _____        | _____        | _____       |
| _____        | _____        | _____       |

### RISK PROTECTION INFORMATION:

How many feet is the dwelling located from a fire hydrant? \_\_\_\_\_

How many miles is the dwelling from a responding fire hall? \_\_\_\_\_

Name of the firehall: \_\_\_\_\_

Do you have an alarm system? Yes  No

If yes, is it: Monitored?  Local?

Is it for: Burglary?  Fire?

If monitored, what is the name of the monitoring company? \_\_\_\_\_

Do you have smoke detectors? Yes  No

If yes, are they: Battery operated?  or Wired-in?

Do you have an interior sprinkler system? Yes  No

Are you a member of Blockwatch? Yes  No

Do you have fire extinguishers in working order? Yes  No

### OCCUPANCY:

Is this a single-family home? Yes  No

Are you renting the home from the owner? Yes  No

Do you rent any part of the home or outbuildings to others? Yes  No  Monthly Rent Charged: \_\_\_\_\_

Is this a summer or seasonal residence? Yes  No

Does the dwelling have a self-contained suite? Yes  No

Do you have a dock or wharf on the property? Yes  No

How many acres of property? \_\_\_\_\_

Do you farm any portion of the land? \_\_\_\_\_

Do you operate a business or have an office in your home? Yes  No

If yes, what type of Business? \_\_\_\_\_

Do you operate a day care in your home? Yes  No

Do you baby sit in your home? Yes  No

Do you have a house-keeper, gardener, or other hired help? Yes  No

If yes, what are their duties and do they live on the premises? \_\_\_\_\_

### MOBILE HOME INFORMATION:

Model year: \_\_\_\_\_ Trade name: \_\_\_\_\_

Size of unit (length x width): \_\_\_\_\_ Model name: \_\_\_\_\_

Serial number: \_\_\_\_\_ (often found on door)

Name of Mobile Park, if applicable: \_\_\_\_\_

Foundation/Pad: Asphalt  Gravel  Tie-downs  Blocks  Skirting

**DETACHED Structures:**

Barn: \_\_\_\_\_ sq. ft.  
Shed: \_\_\_\_\_ sq. ft.  
Pool Enclosure: \_\_\_\_\_ sq. ft.  
Cabana: \_\_\_\_\_  
Hot tub: \_\_\_\_\_ size?  
Garage: \_\_\_\_\_ cars  
Garage with Coach House: \_\_\_\_\_ cars  
Finished Area: \_\_\_\_\_ sq. ft.  
Carport: \_\_\_\_\_ cars  
Shop: \_\_\_\_\_ size?  
Other: \_\_\_\_\_

**ATTACHED Structures:**

Frame addition: \_\_\_\_\_ sq. ft.  
Porch: \_\_\_\_\_ sq. ft.  
Balcony: \_\_\_\_\_ sq. ft.  
Deck: \_\_\_\_\_ sq. ft.  
Deck material: \_\_\_\_\_  
Cement Patio: \_\_\_\_\_ sq. ft.  
Patio/Deck Cover: \_\_\_\_\_ sq. ft.  
Hot tub: \_\_\_\_\_ size?  
Attached Garage: \_\_\_\_\_ cars  
Attached Carport: \_\_\_\_\_ cars  
Other: \_\_\_\_\_

**SCHEDULED ARTICLES & MISCELLANEOUS COVERAGES:**

Insurance companies often limit the amount of coverage for certain items. Do you require coverage for the following items? If so, please indicate the amount required:

Fire Arms: Yes  No  \$ \_\_\_\_\_ Cameras Yes  No  \$ \_\_\_\_\_  
Bicycles: Yes  No  \$ \_\_\_\_\_ Furs Yes  No  \$ \_\_\_\_\_  
Boats & Motors: Yes  No  \$ \_\_\_\_\_ Hearing Aids Yes  No  \$ \_\_\_\_\_  
Cellular Phones: Yes  No  \$ \_\_\_\_\_ Jewellery Yes  No  \$ \_\_\_\_\_  
Computers: Yes  No  \$ \_\_\_\_\_ Silverware Yes  No  \$ \_\_\_\_\_  
Electronic Equipment: Yes  No  \$ \_\_\_\_\_ Satellite Dish Yes  No  \$ \_\_\_\_\_  
Sports Equipment: Yes  No  \$ \_\_\_\_\_ Tools Yes  No  \$ \_\_\_\_\_  
Collectibles: Yes  No  \$ \_\_\_\_\_ Fine Arts Yes  No  \$ \_\_\_\_\_  
(ie. sports cards, comic books, stamps, coins) (ie. paintings, antiques, porcelain figurines, sculptures)  
Other Yes  No  \$ \_\_\_\_\_ Other Yes  No  \$ \_\_\_\_\_

Vacation Trailer, Camper, Recreational Vehicle, or Limited Speed Motorcycles: Yes  No  \$ \_\_\_\_\_  
Description of unit (age, length, make model): \_\_\_\_\_

**\*\* Note: Motorized Vehicles are NOT covered by your home policy.**

**BASIS OF LOSS SETTLEMENT:**

Actual Cash Value takes into account depreciation; Replacement Cost replaces items with new ones of like kind and quality.

ACV on Mobile Home  Replacement Cost on Mobile Home   
ACV on Personal Property  Replacement Cost on Personal Property

**OPTIONAL COVERAGES:**

**Earthquake:** Damage to your dwelling or personal property caused by an Earthquake is not covered by your policy. An endorsement can be added for an additional premium.  
Would you like a quotation for this coverage? Yes  No

**Liability:** With liability settlements on the rise, you don't have to be a millionaire to be sued like one. We recommend a minimum of \$5,000,000 coverage on each vehicle, watercraft and property you own.  
Indicate the level of liability coverage you want: \$2,000,000:  \$5,000,000:  \_\_\_\_\_   
Excess, or Umbrella, liability can be extended from one policy to your other properties, vehicles and watercraft, thereby reducing the underlying limit of liability on your vehicles to \$1,000,000.  
Would you like a quotation for this coverage? Yes  No

**Travel:** When you leave the province, BC Medical provides only minimal coverage. An annual Excess Medical/Travel Insurance policy covers emergency hospitalization, medical treatment, and ambulance (air, land or sea).  
Would you like a quotation for this coverage? Yes  No

**UPDATING INFORMATION:**

**Electrical:**       Fully or  Partially Updated?

Service Panel:      Multi-Breaker: \_\_\_\_\_  
   Screw Fuses: \_\_\_\_\_  
   Amperage of Box: \_\_\_\_\_

**Year Updated:**      \_\_\_\_\_

**Plumbing:**       Fully or  Partially Updated?

Pipes:                      % Copper: \_\_\_\_\_  
   % Plastic: \_\_\_\_\_

**Year Updated:**      \_\_\_\_\_

**Roofing:**       Fully or  Partially Updated?

Roof material:      \_\_\_\_\_

**Year Replaced:**      \_\_\_\_\_

**Heating:**       Fully or  Partially Updated?

Furnace (Central):      YES                       NO   
Fuel Used:              Electricity       Natural Gas               Oil   
If Oil, is the tank:  
   in ground?                       above ground?   
   inside house?                       outside house?   
Age of tank? \_\_\_\_\_

**Auxiliary Heat (wood burning device): please complete Wood Heat Questionnaire**

**Year Updated:**      \_\_\_\_\_

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**Please provide Dates of Birth of all adults living in the dwelling; relevant discounts will be automatically added when you qualify.**

Name: \_\_\_\_\_                      Month/Day/Year      \_\_\_\_\_  
Name: \_\_\_\_\_                      Month/Day/Year      \_\_\_\_\_  
Name: \_\_\_\_\_                      Month/Day/Year      \_\_\_\_\_  
Name: \_\_\_\_\_                      Month/Day/Year      \_\_\_\_\_  
Name: \_\_\_\_\_                      Month/Day/Year      \_\_\_\_\_

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**Name and Address of Mortgagee or Unpaid Vendor:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signed:** \_\_\_\_\_                      **Date Completed:** \_\_\_\_\_