



APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

Insured Location: _____

Fire Hydrants: within 1000 feet over 1000 feet Distance to Firehall: within 8km within 13km Paid Volunteer

Home Phone: _____ Business Phone: _____ Fax Number: _____ Cel. Number: _____

Email Address: _____ Dates of Birth: _____

If you or any member of your household has had any claims or losses in the past five years, please provide the date of claim and also the amount paid or state "NONE": _____

Has any insurer cancelled, declined, or refused to renew or issue habitational insurance to you in the past 5 years? _____

Are there any smokers residing in the home? _____

Previously, have you ever had insurance? _____

- If yes, please provide previous policy company name and policy number. _____
- How long have you had insurance? _____ (years)

Have you lived in your current residence for at least 5 years? _____

- If no, please provide previous address? _____

Is there going to be a mortgage? Through whom (please provide mailing address)?

Please provide name, telephone and fax number of lawyer? _____

Please indicate possession date or current policy expiry date? _____

Do you work from home, have a home office, run a business, or do any other income producing activities on your premises? _____

HOME DETAILS

Number of Families: Single Duplex Triplex Fourplex Fiveplex Sixplex

Type of Home: Detached Semi-Detached End Unit Townhouse/Rowhouse Inside Unit Townhouse/Rowhouse

HOME SYSTEMS UPDATES (if older than 25 years)

Heat: Age of Furnace/Boiler: _____ When last inspected: _____

Electrical: Type: Copper Aluminum Knob and tube Number of Amp Service: 60 amp 100 amp 200 amp
Circuit Breakers or Fuses or mixture: _____

Age of Electrical System and state any updates: _____

Plumbing: Type: Copper Galvanized Plastic Age of Plumbing System and state any updates: _____

Roof: Age of Shingles and state any updates: _____

<p>Northgate Shopping Centre 1399 McPhillips Street Winnipeg, MB R2V 3C4</p> <p>Ph. (204) 334-4319 Fax. (204) 339-0011</p>	<p>Garden City Square B-925 Leila Avenue Winnipeg, MB R2V 3J7</p> <p>Ph. (204) 338-3888 Fax. (204) 338-9981</p>	<p>Madison Square 130-1630 Ness Ave Winnipeg, MB R3J 3X1</p> <p>Ph. (204) 885-3200 Fax: (204) 582-3468</p>	<p>Corydon @ Cockburn 749 Corydon Avenue Winnipeg, MB R3M 0W5</p> <p>Ph. (204) 284-5142 Fax. (204) 452-8012</p>	<p>Munroe Shopping Centre 515 London Street Winnipeg, MB R2K 2Z4</p> <p>Ph. (204) 663-3881 Fax. (204) 663-3936</p>
---	--	---	--	---

HOME:	ADDITION 1 (if applicable):	ADDITION 2 (if applicable):
Age of Home (Yr. Built): _____ # of Stories ___(ie: cabover, bi-level, 1, 2) Total Living Area (excluding basement): _____ Square Feet	Age of Home (Yr. Built): _____ # of Stories: ___(ie: cabover, bi-level, 1, 2) Total Living Area (excluding basement): _____ Square Feet	Age of Home (Yr. Built): _____ # of Stories : ___(ie: cabover, bi-level, 1, 2) Total Living Area (excluding basement): _____ Square Feet
CEILING HEIGHT		
___ % Cathedral ___ % 8 Ft Ceilings ___ % 9 Ft Ceilings ___ %10 Ft Ceilings 100 % TOTAL	___ % Cathedral ___ % 8 Ft Ceilings ___ % 9 Ft Ceilings ___ %10 Ft Ceilings 100 % TOTAL	___ % Cathedral ___ % 8 Ft Ceilings ___ % 9 Ft Ceilings ___ %10 Ft Ceilings 100 % TOTAL
BASEMENT		
___ % Slab <input type="checkbox"/> Hillside ___ % Crawlspace <input type="checkbox"/> with Slab <input type="checkbox"/> without Slab ___ % Full Basement Basement Finished _____ % ___ % Low Slope Hillside ___ % Piers Foundation 100 % TOTAL <input type="checkbox"/> Low Slope Hillside (Walkout) Basement	___ % Slab <input type="checkbox"/> Hillside ___ % Crawlspace <input type="checkbox"/> with Slab <input type="checkbox"/> without Slab ___ % Full Basement Basement Finished _____ % ___ % Low Slope Hillside ___ % Piers Foundation 100 % TOTAL <input type="checkbox"/> Low Slope Hillside (Walkout) Basement	___ % Slab <input type="checkbox"/> Hillside ___ % Crawlspace <input type="checkbox"/> with Slab <input type="checkbox"/> without Slab ___ % Full Basement Basement Finished _____ % ___ % Low Slope Hillside ___ % Piers Foundation 100 % TOTAL <input type="checkbox"/> Low Slope Hillside (Walkout) Basement
FOUNDATION		
___ % Concrete ___ % Hollow Concrete 100 % TOTAL Block	___ % Concrete ___ % Hollow Concrete 100 % TOTAL Block	___ % Concrete ___ % Hollow Concrete 100 % TOTAL Block

FIREPLACES	EXTERIOR WALLS	ROOF STRUCTURE	ROOF MATERIAL
___ Masonry ___ Pre-Fab Wood ___ Fireplace Insert ___ Freestanding ___ Woodstove/Coal Chimney: <input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input type="checkbox"/> Additional flue <input type="checkbox"/> Whole house	___ % Logs ___ % Plywood ___ % Wood Siding ___ % Wood Shakes ___ % Brick Veneer ___ % Fiber Cement Siding ___ % Vinyl Siding ___ % Stucco on Frame ___ % Solid Brick ___ % Metal Siding ___ % Exterior Insulation Finish System 100 % Total	___ Shingles only on two sides of the Roof (Gable) ___ Shingles on all four sides of Roof (Hip) ___ Gambrel ___ Mansard ___ Shed/Flat Roof SWIMMING POOL <input type="checkbox"/> In ground vinyl <input type="checkbox"/> In ground concrete Dimensions _____ <input type="checkbox"/> Hot Tub (not jetted) Dimensions _____	___ % Asphalt Shingles ___ % Wood Shingles ___ % Wood Shakes ___ % Slate Shingle ___ % Built-up Tar & Gravel ___ % Clay Tile ___ % Concrete Tile ___ % Copper ___ % Roll Product ___ % Fiber Cement ___ % Aluminum ___ % Laminated Asphalt ___ % Steel Roofing ___ % Preformed Metal (not copper) ___ % Built up Roofing 100 % TOTAL
OTHER		If you have any of the following please state size:	

<p>Do you have a <input type="checkbox"/> Garage <input type="checkbox"/> Carport</p> <p>If yes, how big (ie. 1, 2 car) _____</p> <p>Type: <input type="checkbox"/> attached <input type="checkbox"/> detached <input type="checkbox"/> built in <input type="checkbox"/> basement garage</p> <p>Garage Exterior Walls <input type="checkbox"/> Same as House or <input type="checkbox"/> _____</p> <p>Garage Roof Structure <input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Gambrel <input type="checkbox"/> Mansard</p> <p>Garage Roof Material <input type="checkbox"/> Same as House or <input type="checkbox"/> _____</p> <p>Is there a room above the garage: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If Yes, is room <input type="checkbox"/> same size as garage or <input type="checkbox"/> half size of garage</p>	<p>Porch: <input type="checkbox"/> Open <input type="checkbox"/> Closed ____ Sq. Ft.</p> <p>Breezeway: <input type="checkbox"/> Open <input type="checkbox"/> Closed ____ Sq. Ft.</p> <p>Decks: <input type="checkbox"/> Pressure treated <input type="checkbox"/> Cedar</p> <p><input type="checkbox"/> Raised Concrete Deck/Slab <input type="checkbox"/> Redwood</p> <p>Decks: _____ Sq. Ft.</p>
---	---

BATHROOMS	KITCHENS	HEATING & AIR CONDITIONING	FLOORING
<p>Please indicate number of</p> <p>bathrooms</p> <p>____ Full Baths</p> <p>____ Half Baths</p> <p>Bathroom Additions:</p> <p># of</p> <p>____ Bath Sink Designer</p> <p>____ Bath Sink Marble</p> <p>____ Bidet</p> <p>____ Additional Shower Stall</p> <p>____ Whirlpool Tub</p> <p>____ Vanity Pedestal</p> <p>____ Vanity Pedestal Marble</p> <p>____ Bathroom Exhaust Fan</p> <p>____ Bathroom Heat Lamp</p> <p>____ Wall mounted electric bathroom heater</p>	<p>____ # of Kitchens</p> <p><input type="checkbox"/> Upgrade countertop to solid surface</p> <p><input type="checkbox"/> Upgrade kitchen cabinets</p> <p><input type="checkbox"/> Built In Food Processing center</p> <p>Built In Freezer <input type="checkbox"/> small <input type="checkbox"/> large</p> <p><input type="checkbox"/> Built In Garbage Disposal</p> <p><input type="checkbox"/> Built In Ice maker (not part of fridge)</p> <p>Ice maker <input type="checkbox"/> small <input type="checkbox"/> large</p> <p><input type="checkbox"/> Built In Microwave Oven</p> <p>Built In Oven</p> <p><input type="checkbox"/> 1 oven <input type="checkbox"/> 2 ovens</p> <p><input type="checkbox"/> Wall oven</p> <p><input type="checkbox"/> Warming oven</p> <p>Built in Range</p> <p><input type="checkbox"/> 4 burner <input type="checkbox"/> 4 burner/griddle</p> <p><input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Built In Refrigerator</p> <p><input type="checkbox"/> Built In Trash compactor</p>	<p>Type of Heat</p> <p><input type="checkbox"/> Hot air <input type="checkbox"/> Hot water/boiler</p> <p><input type="checkbox"/> Baseboard <input type="checkbox"/> Radiant floor heat</p> <p>Fuel Used:</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Propane <input type="checkbox"/> Wood</p> <p><input type="checkbox"/> Oil <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Evaporative coolers</p> <p><input type="checkbox"/> Heat pump/geo-thermal</p> <p><input type="checkbox"/> Extra furnace</p> <p>Any Supplementary Heat (describe)</p> <hr/> <p>Air Conditioning:</p> <p><input type="checkbox"/> Central Air</p> <p><input type="checkbox"/> In Wall air Conditioner</p> <p><input type="checkbox"/> Whole house fan</p> <p><input type="checkbox"/> Extra Air conditioner</p> <p><input type="checkbox"/> Dehumidifier system</p>	<p>____ % Hardwood</p> <p>____ % Wall to Wall carpet over hardwood</p> <p><input type="checkbox"/> Olefin</p> <p><input type="checkbox"/> Nylon</p> <p><input type="checkbox"/> Wool</p> <p>____ % Wall to Wall carpet</p> <p><input type="checkbox"/> Olefin</p> <p><input type="checkbox"/> Nylon</p> <p><input type="checkbox"/> Wool</p> <p>____ % Laminate</p> <p>____ % Ceramic Tile</p> <p>____ % Parquet</p> <p>____ % Plywood/No floor finish</p> <p>____ % Marble Tiles</p> <p>____ % Slate</p> <p>____ % Granite</p> <p>____ % Vinyl Sheet</p> <p>____ % Vinyl Tile</p> <p>____ % Asphalt Tile</p> <p>100 % TOTAL</p>

BUILT INS / SPECIAL ITEMS

<p>____ % Central Vacuum System</p> <p>____ % Central Fire Alarm</p> <p>____ % Central Burglar Alarm</p> <p>Monitored: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Professionally installed:</p> <p>: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>____ % Intercom System</p> <p>____ % Interior Sprinkler</p> <p>____ % Skylights</p> <p>Size _____</p> <p>____ Wet bar</p> <p>____ Stand alone Greenhouse</p> <p>Dimensions _____</p> <p>____ Atrium windows</p> <p>____ Atrium doors</p> <p>____ Picture Windows</p> <p>(Over 40 sq ft)</p> <p>____ Bay/Bow Windows</p> <p>(Over 48 sq ft)</p> <p>____ Palladian Windows</p> <p>(Over 40 sq ft)</p>	<p>____ Window Half Round</p> <p>5' base</p> <p>____ Window Round</p> <p>6' base</p> <p>____ Garden Window</p> <p>____ Greenhouse Window</p> <p>____ Stained Glass Window</p> <p>____ Sliding Glass Door</p> <p>____ Shutters indoor</p> <p>____ French Doors</p> <p>____ Metal Spiral Staircase</p> <p>____ Wood Spiral Staircase</p> <p>____ Garage Door, 2 car</p> <p><input type="checkbox"/> Steel Overhead <input type="checkbox"/> Wood Overhead</p> <p>____ Garage Door Opener</p> <p>____ Additional Entry & Exit</p> <p>____ Mahogany Door</p> <p>____ Mahogany Custom Door</p> <p>____ Steel Door</p> <p>____ Wood Door</p>	<p>____ Built In Bookcase</p> <p><input type="checkbox"/> Knotty Pine <input type="checkbox"/> Oak <input type="checkbox"/> Walnut</p> <p>____ Cedar Closet Lining 4"X 8"</p> <p>____ Closet Shelving, per closet</p> <p>____ Built In Dryer</p> <p>____ Built In Washer</p> <p>____ Sauna</p> <p>Dimension _____</p> <p>____ Solarium</p> <p>Dimension _____</p> <p>____ Water Softener</p> <p>____ Closet Carousel</p> <p>____ Home Entertainment System</p> <p>____ Ironing Center</p> <p>____ Linen Chute</p> <p>____ Stair Climber</p> <p>____ Wine Captain</p> <p><input type="checkbox"/> Free Standing <input type="checkbox"/> Under Counter</p> <p>____ Aquarium</p>	<p>____ Electronic Air Filter</p> <p>Size _____</p> <p>____ Oil Storage Tank</p> <p>Gallons _____</p> <p>____ Video Door Answering System & Inercom</p> <p>____ Ceiling Fan</p> <p>____ Chandelier</p> <p>____ Recessed Lights</p> <p>____ Emergency Generator</p> <p>____ Additional Electric Service</p> <p>____ Cable TV Wiring</p> <p>____ Electric Heater – 1250</p> <p><input type="checkbox"/> Wall Type <input type="checkbox"/> Ceiling Type</p> <p><input type="checkbox"/> With 1500 watt Blower</p> <p><input type="checkbox"/> With 3000 watt Blower</p>
---	--	--	---

OFFICE USE

- | | | |
|--|--|---|
| <input type="checkbox"/> Standard | <input type="checkbox"/> Broad | <input type="checkbox"/> Comprehensive |
| <input type="checkbox"/> Sewer Backup \$ _____ | Deductible \$ _____ | |
| <input type="checkbox"/> Glass Rider (ded. \$ _____) | <input type="checkbox"/> Bylaws \$10,000 | |
| <input type="checkbox"/> Other Floater \$ _____ | <input type="checkbox"/> Other Floater \$ _____ | |



SEWER BACKUP APPLICATION

Insured: _____ Policy # _____

Address: _____ Postal Code: _____

1. How long have you lived at this location _____ (state year – 20??)

Do you have installed in your residence:

2. A Sewer Backwater Valve? Yes ___ No ___ Date Installed: _____

If YES which type of valve (check one)

___ Backwater Valve installed in the main sewer line with a flapper which protects all basement plumbing and catch basin.

___ Throat or Float type Backwater Valve (ball type) installed in the catch basin which protects just the catch basin.

3. A Sump Pit? Yes ___ No ___ Date Installed: _____

4. An Automatic Sump Pump? Yes ___ No ___ Date Installed: _____

On Many older houses, the eaves trough downspouts were directed back into the basement and connected to the basement sewer pipe installation.

5. Are the downspouts connected directly to your weeping tiles or sewer drain? Yes ___ No ___

If YES

a) Have the downspouts been disconnected from the sewer system (basement plumbing) and redirected to your yard? Yes ___ No ___

b) Are the downspout pipes that entered the basement now capped? Yes ___ No ___

6. Does your residence have plumbing in the basement (shower, toilet, sink)? Yes ___ No ___

7. How far away from your residence have the eaves trough downspouts been extended? Feet ___ Meters ___

8. Has your residence had any basement flooding or water damage in the past? Yes ___ No ___

9. Has your residence ever had a sewer backup incident during your occupancy? Yes ___ No ___

10. Has your residence ever had a sewer backup incident prior to your occupancy? Yes ___ No ___

11. If the answer to Question #8, #9 or #10 is “YES” give details below with regards to damages incurred to the best of your knowledge. (Please indicate all All occurrences separately if you have had more than one problem.)

a) Date of Loss _____ Amount of Damages _____

b) What was the cause of the water damage? _____

c) Was the damage insured? Yes ___ No ___

If the answer to question #11c is “YES” please give details below

Amount of Insurance: _____ Insurance Company: _____ Policy Number: _____

d) Was the damage repaired? Yes ___ No ___

e) What corrective measures have been taken? _____

<p>Northgate Shopping Centre 1399 McPhillips Street Winnipeg, MB R2V 3C4</p> <p>Ph. (204) 334-4319 Fax. (204) 339-0011</p>	<p>Garden City Square B-925 Leila Avenue Winnipeg, MB R2V 3J7</p> <p>Ph. (204) 338-3888 Fax. (204) 338-9981</p>	<p>Madison Square 130-1630 Ness Ave Winnipeg, MB R3J 3X1</p> <p>Ph. (204) 885-3200 Fax: (204) 582-3468</p>	<p>Corydon @ Cockburn 749 Corydon Avenue Winnipeg, MB R3M 0W5</p> <p>Ph. (204) 284-5142 Fax. (204) 452-8012</p>	<p>Munroe Shopping Centre 515 London Street Winnipeg, MB R2K 2Z4</p> <p>Ph. (204) 663-3881 Fax. (204) 663-3936</p>
---	--	---	--	---

I/We hereby declare that to the best of my/our knowledge and belief, all the answers provided above are in every respect true and I/We hereby apply for Sewer Backup Coverage based on the truth of said answers.

I/We hereby authorize that reports containing claims history may be sought and exchanged in connection with this application for insurance or renewal, extension or variation thereof.

Insured's Signature: _____ Date: _____

Limit Requested: _____

Replacement Cost:

Actual Cash Value:

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE

HOME BASEMENT WITH SUMP PUMP AND BACKWATER VALVE INSTALLATION

