COTTAGE INSURANCE APPLICATION

Application must be fully completed and accompanied by Rebuilding calculator and original photographs

☐ PAC ☐ Direct Bill ☐ Agency Bill Elite Broker Code _____

Applicant's Full Name (Last name, First name)	Broker Name
Cottage Address	Broker Address (City)
Tel: Home ( ) Work ( )	E-Mail
Legal/Postal Address of Applicant	Name and Address of Mortgagee(s)
Is cottage located on island? ☐ **Yes** ☐ **No**	RCT Valuation with Photo ☐ Attached

Policy Period	Day	Month	Year		Day	Month	Year	**12 MONTH POLICY TERM ONLY**
From				**To**				12:01 a.m. Standard Time at the Postal Address of the Applicant as stated herein.

Loss & Policy History State all losses or claims by the applicant or members of the applicant's household in the past 5 years

Date of Loss	**Cause**	**Amount Paid**	**Insurance Company**

Has any Insurer cancelled, declined or refused to renew or issue Habitational insurance to the applicant within the past 5 years?

☐ YES ☐ NO If Yes, Provide details below:

Name of Prior Insurer _____ Expiry Date _____ Policy No. _____

DESCRIPTION OF PROPERTY INSURED

Year Built	Construction	# of Stys.	Sq. Footage	Gr. Floor Area
	☐ Frame ☐ Masonry ☐ Log ☐ Brick ☐ Post & Beam			

Occupancy	**Auxillary Heat**	**Electrical** - # of Amps _____	**Primary Heating**
☐ Seasonal	☐ Woodstove*	***Woodstoves – must complete questionnaire**	☐ Propane ☐ Natural Gas ☐ Electric ☐ *Oil
☐ Secondary	☐ Fireplace		☐ Baseboard ☐ Furnace (Central)

☛ If heating is **OIL TANK**, include ***photo*** and ***oil tank questionnaire*** Age _____ ☐ Above Ground ☐ Below Ground

Additional Exposure	**Protection Grade**	**Renovated Updates**	**Full**	**Partial**	**Year**
Is Location Rented to Others? ☐ No	☐ Plan A	Electrical	☐	☐	
☐ Yes # of Weeks _____	(within 13km of firehall)	Heating	☐	☐	
*Note: A surcharge may apply – please refer to	☐ Plan B	Plumbing	☐	☐	
underwriting if greater than 30 days per yr.	(over 13km from firehall)	Roof	☐	☐	

Section I – Property Coverage – Single Limit				Section II – Liability Coverage		
A Building Value Wet Boathouse	B Detached Private Structure	C Personal Property	D Additional Living Expense	E Personal Legal Liability	F Voluntary Medical Payments	G Voluntary Property Damage
$	$	$	$	$	$2,000	$500
$						

Deductible _____

Discounts

☐ Mature Discount

Date of Birth _____

☐ Heat Sensor

Boat & Motor (if applicable)

HP _____ Max Speed _____ Length _____

Value $ _____

Total Premium

$ to Be Determined

Consumer and previous Insurer reports containing personal, factual or investigative information about the applicant may be sought in connection with this application for insurance of a renewal, extension or variation thereof. The answers above are correct to the best of my knowledge.

Signature of Insured(s) | Date | Signature of Broker

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.