

Section III – Comprehensive Personal Liability

Liability Limit \$ _____

Extend Liability to: Second Residence _____

Seasonal Residence Location _____

Home under construction _____

Additional residences/properties – no. of units _____ (if rentals, total number owned) _____

Location(s) _____

Office or commercial use of premises – describe: _____

Gross Receipts (include rentals) _____

Swimming Pool – state depth _____ regulation fence yes no _____

Saddle/draft animals – number _____

Watercraft – give details in Watercraft Coverage _____

Babysitting in home _____ No. of children _____

Other (specify) _____ →

Estimated Premium Subtotal → _____

Less Discounts:

First Time Home Buyer's Discount (2 years only) → (_____)

Burglar Alarm Discount (Certificate to be attached) (_____)

Claims Free Discount → (_____)

Special Discount → (_____)

**Fire Resistive Construction → (_____)

**Third Floor Occupancy → (_____)

Surcharges: _____ →

**Tenant & Condominium packages only

Total Estimated Premium → _____

Loss and Policy History

Property insurance 7 consecutive years <input type="checkbox"/> yes <input type="checkbox"/> no If less than 7 years, number of years _____ State losses in the past 7 years, indicate if loss on dwelling or contents Date (d/m/y) Cause Amount _____ _____ _____	Have you ever been cancelled, declined by any insurer or had restrictions? <input type="checkbox"/> no <input type="checkbox"/> yes If "yes" provide details _____ _____ _____	Name of Previous Insurer & Policy Number _____ _____ _____ _____	List policy numbers of other insurance with MMFI _____ _____ _____ _____
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Remarks

Consumer and previous insurer reports containing personal, credit, factual record, premium payment, claims history or investigative information may be sought or exchanged in connection with this application for insurance or a renewal, extension, variation or cancellation thereof. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

The answers above are correct to my best knowledge and belief

 Signature of Applicant Date (d/m/y)

Broker Questionnaire

Is this business new to your office? yes no

How long have you known the applicant? _____

Have you seen this property? yes no if yes, when? _____

Condition of property good fair poor

Rating Information; mark all options that apply (X where applicable)

LOCATION #1 - Occupancy - No. of families _____ No. of Apartments _____
 Owner Occupied Tenant Occupied Rooms rented to others # _____ Unoccupied Vacant Under Construction

Protection: Within 300 meters (1,000') of fire Hydrant Within 8km. (5 miles) of the responding fire hall at _____
 Unprotected Location Grade _____

Age: Original year of construction _____ (if over 25 years old, indicate year the following items were last updated)

Updates: Electrical _____ 100 Amp or more Heating _____ Plumbing _____ Roofing _____
 less than 100 Amp (Complete X700)

Type: 1 Story 1 1/2 Story 2 Story 3 Story Bi-level Tri-level Other: _____
 Unfinished Basement Finished Basement

Garage: 1 car 2 car 3 car attached detached no garage ***(for heat see Heating Section)**

Wall Construction: Frame Brick Veneer Solid Brick/Stone Fire Resistive Other _____

Roof Covering: Asphalt Wood Shingles Wood Shakes Slate Metal Tile

Heating: Type Forced Air Hot Water Space heater Add on unit Stove/Fireplace insert
Fuel Gas Oil* Electric Wood**

Auxiliary Heat: Stove Fireplace Insert* (need X593) Fireplace (ULC S610)
Fuel: Gas Oil* Electric Wood**

Chimney Brick Ground Bracket Metal Tile lined Other _____

LOCATION #2 - Occupancy - No. of families _____ No. of Apartments _____
 Owner Occupied Tenant Occupied Rooms rented to others # _____ Unoccupied Vacant Under Construction

Protection Within 300 meters (1,000') of fire Hydrant Within 8km. (5 miles) of the responding fire hall at _____
 Unprotected Location Grade _____

Age - Original year of construction _____ (if over 25 years old, indicate year the following items were last updated)

Updates: Electrical _____ 100 Amp or more Heating _____ Plumbing _____ Roofing _____
 less than 100 Amp (Complete X700)

Type: 1 Story 1 1/2 Story 2 Story 3 Story Bi-level Tri-level Other: _____
 Unfinished Basement Finished Basement

Garage: 1 car 2 car 3 car attached detached no garage ***(for heat see Heating Section)**

Wall Construction: Frame Brick Veneer Solid Brick/Stone Fire Resistive Other _____

Roof Covering: Asphalt Wood Shingles Wood Shakes Slate Metal Tile

Heating: Type Forced Air Hot Water Space heater Add on unit Stove/Fireplace insert
Fuel Gas Oil* Electric Wood**

Auxiliary Heat: Stove Fireplace Insert* (need X593) Fireplace (ULC S610)
Fuel: Gas Oil* Electric Wood**

Chimney Brick Ground Bracket Metal Tile lined Other _____

***If Fuel Oil is used complete Form X-590 Oil Heat Questionnaire for each tank.**

****If Solid Fuel is used, complete Form X-593 for each unit and photos of unit, stovepipe and chimney**

MOBILE HOME Year _____ Trade Name _____ Serial Number _____

Certification None CSA-Z240 CSA-A277

Width _____ Length _____ Year Purchased _____

Full Basement Partial Basement on Foundation On Blocks & Skirted Concrete Pad Other _____

Double Wide Furnace in basement 2/3 or more gyproc interior Residential Lot (not a Mobile Home Park)

Approved Tie Downs (describe) _____

All Electric Heating (other heat complete Heating in Location #1 above) 100 Amp or more Less than 100 Amp (Complete X700)