



Security, Service, Solutions...That's Our Policy.

Ground Floor Seabus Terminal
#20 – 601 West Cordova Street, Vancouver, BC V6B 1G1

HOMEOWNERS APPLICATION FORM

Name of Insured: (as to be shown on policy) _____

Address: _____

Postal Code _____

Telephone Number: Home _____ Work _____

Cell: _____ Fax _____

Occupation: _____ Employer: _____

Applicants Date of Birth _____ Spouse DOB _____

Have you sustained any losses within the last 5 years? Yes _____ No _____

If yes, please describe the type of loss, approx. date and amount of loss: _____

Have you ever been cancelled or declined by an insurance company? Yes _____

No _____

Is there a mortgage on this location? Yes _____ No _____

Name & Address of all mortgages: _____

Is your property within 1000' of fire hydrant? _____ Within 5 miles of fire hall? _____

Year Dwelling Built: _____ How long have you lived at this address? _____

Number of Stories: _____ (Not including basement)

Split Level? : Yes _____ No _____

Duplex? : Yes _____ No _____ Is there a basement? Yes _____ No _____

Full _____ or Half _____

Number of Bathrooms? _____ Full (3 or more pieces) _____ Ensuite _____

Number of Bedrooms? _____ Do any bedrooms adjoin a private bath or sitting room? _____

Area of Main Floor _____ sq ft. Area of Second Floor _____ sq ft.

Area of Basement _____ finished sq ft. _____ unfinished sq ft.

Area of finished attic _____ sq ft. Area of Porch Deck _____ sq ft.

Fireplaces _____ Yes _____ No How Many: _____

Inside Chimney _____ Outside Chimney _____

Type of fuel? Wood or Gas? _____

Direct Vent _____ Metal Chimney _____

Type of Construction of your home:

Standard _____ Standard Plus _____ Custom _____ Luxury _____

Exterior Walls: Frame _____ Stucco _____ Brick or Stone _____

Foundation: Concrete: Yes _____ No _____ or Other (Describe) _____

General shape of your home? 4 or less corners / 5 or 6 corners / 7 or 8 corners / 9 or more corners

Services in your home:

Primary type of heat? Nat Gas / Oil / Propane Gas / Electric / Hot Water / Wood

Secondary Heat?

Wiring: Circuit Breaker _____ Fuse Box _____ # of amp service _____

Roof: Asphalt _____ Wood Shingle/Shake _____ Tar & Gravel _____ Clay Tile _____ Other _____

Type of Plumbing: Plastic _____ Copper _____ Galvanized iron _____ Other _____

If your home is over 25 years old:

Wiring Updated: 19 _____ Heating Updated: 19 _____ Roof Updated: 19 _____ Plumbing: 19 _____

Occupancy of your home:

Single Family / Owner Occupied: Yes _____ No _____

Do you rent part of your home? _____

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

Do you operate a business from your home? Yes _____ No _____ If yes, please describe nature of business:

Additional Features in Your Home:

Smoke Detectors? Yes _____ No _____ How many? _____

Are they Battery or Electrically Wired? _____

Burglar Alarm? Yes _____ No _____ Local _____ Monitored _____

Name of Monitoring Co.: _____

Fire Alarm? Yes _____ No _____ Is alarm monitored? _____

Intercom System _____ Central Vacuum _____ Built in appliances? Describe

Hot tub? _____ Skylights? _____ How many? _____

Specialty Rooms (Please indicate Y to those that apply)

Den/Library _____
Exercise Room _____
Family Room _____
Dining Room _____
Laundry Room _____
Office/Study _____

Large Foyer _____
Sunroom _____
Hardwood Floors (over 70 sq ft total) _____
Stained or Varnished Woodwork _____
Other _____

Do you have a swimming pool? Yes _____ No _____

Type of Pool: In ground or above ground? _____

Type of liner: Concrete _____ Vinyl _____ Fiberglass _____

Size of pool? _____

Type of outbuildings on your property: (i.e. detached garage, storage shed, green house/barn) **

For each outbuilding on your property, please provide the type of building, roof material, the square footage, and construction

Current/Previous Insurance Company: _____

Policy # _____ Expiry Date _____

** In addition to providing all basic information necessary to enable us to place risk, you must ensure that you comply with your legal duty of disclosure of all material facts relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers. In this respect, you must provide all information relating to the risk, whether favorable or not, which would influence the judgment of a prudent insurer in determining whether he will take the risk, and if so, for what premium and on what terms. If all information is not disclosed by you, insurers have the right to void the policy from its inception, which may lead to claims not being paid. Similarly, any future changes must also be advised to us so that they may be provided to the underwriters. **

Signature of Insured/s _____

Dated _____