AIR1 INSURANCE SERVICES LTD.
107 - 8047 199 Street Langley BC V2Y 0E2
Ph: 604.460.8787 or 1.888.917.1177
Fax: 604.460.8788 or 1.866.372.2755
www.air1insurance.com

HOME INSURANCE APPLICATION

*PLEASE MAKE SURE TO FILL OUT ALL APPLICABLE INFORMATION

APPLICANT'S FULL NAME: _____ HOME PHONE: _____ FAX: _____

EMAIL ADDRESS: _____ MOBILE PHONE: _____ WORK PHONE: _____

INSURED NAME: _____ DATE OF BIRTH: _____

OCCUPATION: _____ YEARS CONTINUOUSLY EMPLOYED: _____

CO-INSURED NAME: _____ DATE OF BIRTH: _____

OCCUPATION: _____ YEARS CONTINUOUSLY EMPLOYED: _____

APPLICANT'S ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

❑ NEW POLICY ❑ RENEWAL CURRENT POLICY EXPIRY: _____ HOW DID YOU HEAR ABOUT AIR1? _____

CURRENT BROKER: _____ YEARS WITH: _____ CURRENT UNDERWRITER: _____ YEARS WITH: _____

IF THIS IS A NEW POLICY, PLEASE STATE THE REASON:

I would also like to receive a quote for the following:	❑ Business	❑ Marine	❑ Farm	❑ Aviation	❑ Other
Expiry Dates:					

DWELLING DETAILS

DWELLING ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

YEARS AT RESIDENCE: _____

OCCUPANCY DATE: _____ IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS: _____

REPLACEMENT COST: $ _____ # OF STOREYS: _____ # OF UNITS: _____

DATE EVALUTATION COMPLETED: _____ DWELLING AREA: _____ SQ FT (EXCLUDING BASEMENT)

OCCUPANCY TYPE: ❑ PRIMARY ❑ SEASONAL ❑ VACANT ❑ UNOCCUPIED ❑ SECONDARY ❑ RENTAL ❑ UNDER CONSTRUCTION

SMOKERS: ❑ YES ❑ NO DATE OF BIRTH OF ELDEST OCCUPANT: RELATIONSHIP TO APPLICANT:

DWELLING ADDITIONAL SUITES / ROOMERS / EMPLOYEES

FAMILY UNITS: NUMBER OF ROOMERS: NUMBER OF SUITES:

ADDITIONAL SUITE: ❑ NONE ❑ RENTAL SUITE ❑ IN-LAW SUITE ❑ BASEMENT SUITE

NO. OF ON-PREMISES EMPLOYEES: NO. OF OFF-PREMISES EMPLOYEES: NO. OF CHAUFFEURS:

DWELLING STRUCTURE DETAILS

BASEMENT: ❑ NONE ❑ FINISHED ❑ UNFINISHED _____ % YEAR BUILT: _____

RESIDENCE TYPE (IF APPLICABLE): ❑ GATED COMMUNITY ❑ CO-OP COMPLEX ❑ SENIORS COMPLEX ❑ SPECIAL CARE RESIDENCE

DWELLING STORIES: BATHROOMS: FULL: HALF:

DWELLING STYLE: ❑ DETACHED HOME ❑ TRIPLEX HOME ❑ INSIDE ROW HOME ❑ SEMI-DETACHED HOME ❑ QUADPLEX HOME ❑ LOG HOME ❑ DUPLEX HOME ❑ END ROW HOME ❑ HIGHRISE ❑ MOBILE HOME

EXTERIOR WALL FINISH: ❑ STUCCO ❑ BRICK VENEER ❑ SOLID STONE ❑ WOOD SIDING ❑ SOLID BRICK ❑ VINYL SIDING ❑ STONE VENEER ❑ SOLID LOG ❑ ALUMINUM/METAL SIDING

EXTERIOR WALL FRAMING: ❑ WOOD FRAME ❑ CONCRETE BLOCK MASONRY/POURED CONCRETE ❑ LOG ❑ FIRE RESISTIVE

ROOF TYPE: ❑ METAL PANEL ROOF ❑ CEDAR SHINGLES ❑ CONCRETE TILE ❑ FLAT DECK ROOF ❑ CEDAR SHAKES ❑ CLAY TILE/SLATE ❑ ASPHALT/FIBERGLASS SHINGLES ❑ METAL SHINGLE / TILE ❑ IMPACT RESISTIVE SHINGLES (CLASS 4) ❑ RUBBER TILE

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PROPERTY ACCESS:	❑ STANDARD URBAN LOT	❑ ZERO-CLEARANCE LOT	❑ HILLSIDE LOT	❑ WATERSIDE LOT
	❑ RURAL AREA	❑ ISLAND / WATER ACCESS	❑ REMOTE AREA	
FOUNDATION TYPE:	❑ SLAB / CONCRETE SLAB	❑ CRAWLSPACE	❑ BASEMENT	
	❑ WALKOUT BASEMENT	❑ PIER / STILT	❑ HILLSIDE / ELEVATED	
	❑ POURED CONCRETE	❑ CONCRETE BLOCK	❑ STONE	
SWIMMING POOL: ❑ YES ❑ NO **YEAR:**	❑ INDOOR	❑ ABOVE GROUND	❑ IN GROUND	
	❑ WITH FENCE	❑ WITHOUT FENCE		
GARAGE/ CARPORT:	**ATTACHED GARAGE:** ❑ YES ❑ NO	**SIZE (HOLDS HOW MANY CARS):** ____	❑ BUILT IN ❑ BASEMENT ❑ OTHER:	
	ATTACHED CARPORT: ❑ YES ❑ NO	**SIZE (HOLDS HOW MANY CARS):**		

DETACHED OUTBUILDING(S) / OTHER STRUCTURE(S) (ADDITIONAL LIMITS REQUIRED OR ANY HEATED OUTBUILDINGS):

STRUCTURE NO.	YEAR BUILT	STRUCTURE TYPE	EXTERIOR WALL FRAMING	HEATING APPARATUS	FUEL	TOTAL AREA SQ. FT.	VALUE*

*INCLUDED IN DETACHED PRIVATE STRUCTURE LIMIT

DWELLING HEATING DETAILS

PRIMARY HEAT:	❑ CENTRAL – OIL, GAS, ELECTRIC	❑ OIL, ELECTRIC/WOOD COMBO	❑ SPACE HEATER
	❑ GEO THERMAL/HEAT PUMP	❑ GAS/WOOD COMBO	❑ STOVE
	❑ ELECTRIC	❑ PELLET STOVE	❑ WOOD BURNING UNIT
	❑ FIREPLACE	❑ RADIANT	❑ SOLID FUEL
	❑ FIREPLACE INSERTS ❑ SOLAR	❑ HEAT PUMP	❑ OTHER:
	LOCATION:		
AUXILIARY HEAT:	❑ CENTRAL – OIL, GAS, ELECTRIC	❑ OIL, ELECTRIC/WOOD COMBO	❑ SPACE HEATER
	❑ GEO THERMAL/HEAT PUMP	❑ GAS/WOOD COMBO	❑ STOVE
	❑ ELECTRIC	❑ PELLET STOVE	❑ WOOD BURNING UNIT
	❑ FIREPLACE	❑ RADIANT	❑ SOLID FUEL
	❑ FIREPLACE INSERTS ❑ SOLAR	❑ HEAT PUMP	❑ OTHER:
	LOCATION:		

RADIANT HEATING AREA SQ. M.	**MAKE:**	**YEAR:**
ADDITIONAL SOLID FUEL UNITS:	**ANNUAL WOOD CORDS BURNED:**	
HEATING UNIT PROFESSIONAL INSTALLATION? ❑ YES ❑ NO	**HEATING UNIT ULC, CSA OR WH APPROVED?** ❑ YES ❑ NO	

OIL TANK:	❑ INSIDE	❑ UNDERGROUND	❑ OUTSIDE REINFORCED
	❑ OUTSIDE	❑ INSIDE REINFORCED	❑ UNDERGROUND REINFORCED
OIL TANK CONSTRUCTION:	❑ FIBERGLASS	❑ METAL	❑ SINGLE-WALLED STEEL ❑ DOUBLE-WALLED STEEL
INSTALLED (YR):	**OIL CONTAINMENT SYSTEM INSTALLED:** ❑ YES ❑ NO		**ADDITIONAL OIL TANK(S) INSTALLED:**

DWELLING MECHANICAL SYSTEMS

PLUMBING:	❑ COPPER	❑ COPPER / PVC	❑ IRON	❑ POLY B (POLYBUTYLENE)
	❑ COPPER / ABS	❑ GALVANIZED STEEL	❑ PEX (CROSS-LINKED POLYETHYLENE)	❑ ABS
ELECTRICAL:	❑ BELOW 60 AMP	❑ 60 AMP	❑ 100 AMP	❑ OVER 100 AMP
HOT WATER TANK:	❑ GAS/ELECTRIC WATER TANK	❑ HEAT PUMP WATER TANK	❑ TANKLESS WATER HEATER	
ELECTRICAL PANEL:	❑ BREAKERS	❑ FUSES	❑ UNKNOWN	
ELECTRICAL WIRING:	❑ COPPER	❑ ALUMINUM	❑ KNOB AND TUBE	❑ MIX ❑ UNKNOWN
SUMP PUMP:	❑ NONE	❑ FLOOR SUCKER	❑ PEDESTAL	❑ SUBMERSIBLE ❑ OTHER:

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SUMP BACKUP:	❑ NONE	❑ SUMP PUMP – BATTERY POWERED BACKUP	❑ SUMP PUMP – GENERATOR POWERED BACKUP	
	❑ SUMP PUMP	❑ SUMP PUMP - AUTOMATIC NO BACKUP	❑ SUMP PUMP – WATER POWERED BACKUP	
BACKFLOW VALVE:	❑ NONE	❑ FLAPPER	❑ GATE	❑ OTHER :
CHECK VALVE:	❑ YES ❑ NO			
SUMP PIT:	❑ YES ❑ NO	ALARMED SUMP:	❑ YES ❑ NO	WATER SHUTOFF SYSTEM: ❑ YES ❑ NO
SENSORS:		LEAK DETECTION SYSTEM:	❑ YES ❑ NO	SEPTIC SYSTEM: ❑ YES ❑ NO

DWELLING UPGRADES

ROOF:	❑ FULL ❑ PARTIAL	ELECTRICAL:	❑ FULL ❑ PARTIAL	HEAT:	❑ FULL ❑ PARTIAL
UPDATE YEAR:		UPDATE YEAR:		UPDATE YEAR:	
HOT WATER TANK:	❑ FULL ❑ PARTIAL	SEWER BACKUP:	❑ FULL ❑ PARTIAL	PLUMBING:	❑ FULL ❑ PARTIAL
UPDATE YEAR:		UPDATE YEAR:		UPDATE YEAR:	

DWELLING INTERIOR

INTERIOR WALL HEIGHT:	❑ CEILINGS WALLS	HEIGHT:	FT		%	
	❑ VAULTED CEILING	HEIGHT:	FT		%	
	❑ CATHEDRAL CEILING	HEIGHT:	FT		%	
INTERIOR WALL CONSTRUCTION:	TYPE:				%	
	TYPE:				%	
	TYPE:				%	
INTERIOR FLOORING:	❑ VINYL SHEET, ROLL		%	❑ CERAMIC TILE		%
	❑ VINYL TILE, 12” X 12”		%	❑ HARDWOOD, LAMINATE		%
	❑ CARPET, NYLON		%	❑ HARDWOOD, PARQUET		%
	❑ CARPET, WOOL		%	❑ HARDWOOD, SOLID WOOD		%
	❑ SLATE / STONE TILE		%			
CEILING CONSTRUCTION:	TYPE:				%	
	TYPE:				%	
	TYPE:				%	

NUMBER OF KITCHENS:				
NO.	QUALITY:	❑ BUILDERS GRADE	❑ CUSTOM	❑ OTHER:
NO.	QUALITY:	❑ BUILDERS GRADE	❑ CUSTOM	❑ OTHER:
NO.	QUALITY:	❑ BUILDERS GRADE	❑ CUSTOM	❑ OTHER:
NUMBER OF BATHROOMS:	FULL:		HALF:	

DWELLING FIRE AND SECURITY

FIRE PROTECTION:	❑ UNPROTECTED	❑ SUPERIOR SHUTTLE TANKER SERVICE		DISTANCE FROM CLOSEST HYDRANT:	
				DISTANCE FROM CLOSEST FIREHALL:	
FIREHALL NAME:					
SECURITY SYSTEM:	FIRE:	❑ YES ❑ NO	❑ LOCAL ❑ MONITORED	MONITORED BY:	
	BURGLAR:	❑ YES ❑ NO	❑ LOCAL ❑ MONITORED	MONITORED BY:	
	SMOKE DETECTORS:	❑ YES ❑ NO	❑ LOCAL ❑ MONITORED	MONITORED BY:	

DETECTOR TYPE:		NO.:		SECURITY TYPE:	
ALARM CERTIFICATE ATTAHCED:	❑ YES ❑ NO	SPRINKLER:	❑ YES ❑ NO	WATER MITIGATION MEASURES IN PLACE:	❑ YES ❑ NO

LOSS HISTORY

LOSS HISTORY REPORT DATE:

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS: ❑ YES ❑ NO IF YES, COMPLETE THE CHART BELOW

LOSS DATE	LOC. #	CAUSE	CLAIM SETTLED	PAID AMOUNT	POLICY NUMBER	INSURANCE COMPANY
			❑ YES ❑ NO			
			❑ YES ❑ NO			

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LOSS HISTORY CONTINUED

			❑ YES ❑ NO			
			❑ YES ❑ NO			
			❑ YES ❑ NO			

POLICY HISTORY

FIRST TIME INSURED ❑

HAS ANY INSURANCE COMPANY REFUSED TO PROVISE INSURANCE IN THE PAST 5 YEARS? ❑ YES ❑ NO

IF YES, INDICATE INSURANCE REFUSAL TYPE: ❑ CANCELLED ❑ DECLINED ❑ REFUSED RENEWAL ❑ RESTRICTED COVERAGE

BY WHICH INSURANCE COMPANY: _____ REASON: _____

PREVIOUS INSURANCE COMPANY: _____ POLICY NUMBER: _____ EXP DATE: _____

SINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURANCE COMPANY? _____

HAS IT BEEN CONTINUOUS? ❑ YES ❑ NO IF NO, PLEASE PROVIDE DETAILS: _____

CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY:

LINE OF BUSINESS: _____ POLICY NUMBER: _____

LINE OF BUSINESS: _____ POLICY NUMBER: _____

LINE OF BUSINESS: POLICY NUMBER:

MORTGAGE/LOSS PAYEE(S)

NAME: _____ NATURE OF INTREST: _____

NAME: NATURE OF INTREST:

COVERAGE: FORMS, LIMITS & DEDUCTIBLES

PACKAGE FORM AND TYPE RATING PLAN DED. $ DED. TYPE

DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED BASE PREMIUM
$	$	$	$	$	$	$	$

ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)

COVERAGE DESCRIPTION	COVERAGE REQUESTED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE
GUARANTEED REPLACEMENT COST BUILDING	❑ YES ❑ NO			
REPLACEMENT COST ON CONTENTS	❑ YES ❑ NO			
UNIT OWNERS BUILDING IMPROVEMENTS AND BETTERMENTS ❑ ALL RISK ❑ NAMED PERILS	❑ YES ❑ NO			
LOSS ASSESMENT ❑ ALL RISK ❑ NAMED PERILS	❑ YES ❑ NO			
CONDOMINIUM CONTINGENT LEGAL LIABILITY	❑ YES ❑ NO			
SINGLE LIMIT	❑ YES ❑ NO			
SEWER BACK-UP	❑ YES ❑ NO			
IDENTITY THEFT	❑ YES ❑ NO			
RENTAL INCOME	❑ YES ❑ NO			
BYLAWS ENDORSMENT	❑ YES ❑ NO			
EARTHQUAKE	❑ YES ❑ NO			
POST-EARTHQUAKE DAMAGE	❑ YES ❑ NO			
PERSONAL LIABILITY (UMBRELLA)	❑ YES ❑ NO			

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LIABILITY EXPOSURES

(Yes answers require extension coverage or remarks explaining coverage declined.)

DO YOU OWN/RENT MORE THAN ONE LOCATION?	❑ YES ❑ NO	DO YOU OWN ANY WATERCRAFT?	❑ YES ❑ NO
NUMBER OF WEEKS LOCATION RENTED TO OTHERS:		NUMBER OF FULL TIME RESIDENCE EMPLOYEES	❑ YES ❑ NO
NUMBER OF ROOMS RENTED TO OTHERS:		IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE?	❑ YES ❑ NO
DAYCARE OPERATION – NUMBER OF CHILDREN:		CO-OCCUPANT NAME:	
DO YOU OWN A TRAMPOLINE?	❑ YES ❑ NO	IS THERE ANY KIND OF BUSINESS OPERATION	❑ YES ❑ NO
DO YOU HAVE A GARDEN TRACTOR?	❑ YES ❑ NO	IF YES, DESCRIBE BUSINESS:	
DO YOU HAVE A GOLF CART?	❑ YES ❑ NO	NUMBER OF DOGS IN THE HOUSEHOLD:	
NUMBER OF SADDLE/DRAFT ANIMALS:		BREED(S) OF DOGS:	
DO YOU HAVE ANY UNLICENSED RECREATIONAL VEHICLES?	❑ YES ❑ NO	OTHER EXPOSURES:	
RENEWABLE ENERGY INSTALLATION ON PREMISES?	❑ YES ❑ NO		

LIABILITY EXTENSIONS FROM PRIMARY LOCATION

LIABILITY COVERAGE DESCRIPTION	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE

ATTACHMENTS

ATTACHMENTS	DESCRIPTION	DATE COMPLETED

REMARKS

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CONSENT & DISCLOSURE

WHERE (A) AN APPLICANT FOR THIS CONTRACT GIVES FALSE PARTICULARS TO THE PREJUDICE OF THE INSURER OR KNOWINGLY MISREPRESENTS OR AILS TO DISCLOSE ANY FACT IN ANY PART OF THIS APPLICATION REQUIRED TO BE STATED THEREIN: OR (B) THE INSURED CONTRAVENES A TERM OF THE CONTRACT OR COMMITS A FRAUD: OR (C) THE INSURED WILLFULLY MAKES A FALSE STATEMENT IN RESPECT OF A CLAIM, A CLAIM WILL BECOME INVALID AND THE INSURED'S RIGHT TO RECOVERY IS FORFEITED. THE APPLICANTS HAVE REVIEWED ALL PARTS AND ATTACHMENTS OF THIS APPLICATION AND ACKNOWLEDGE THAT ALL INFORMATION IS TRUE AND CORRECT AND UNDERSTAND THAT THIS APPLICATION FOR INSURANCE IS BASED ON THE TRUTH AND COMPLETENESS OF THIS INFORMATION. I HAVE PROVIDED PERSONAL INFORMATION IN THIS DOCUMENT AND OTHERWISE AND I MAY IN THE FUTURE PROVIDE FURTHER PERSONAL INFORMATION. SOME OF HIS PERSONAL INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, MY CREDIT INFORMATION AND CLAIMS HISTORY. I AUTHORIZE MY BROKER OR INSURANCE COMPANY TO COLLECT, SUE AND DISCLOSE ANY THIS PERSONAL INFORMATION, SUBJECT TO THE LAW AND TO MY BROKER'S OR INSURANCE COMPANY'S POLICY REGARDING PERSONAL INFORMATION, FOR THE PURPOSES OF COMMUNICATING WITH ME, ASSESSING MY APPLICATION FOR INSURANCE AND UNDERWRITING MY POLICIES, EVALUATION CLAIMS, DETECTING AND PREVENTING FRAUD, AND ANALYZING BUSINESS RESULTS. I CONFIRM THAT ALL INDIVIDUALS WHOSE PERSONAL INFORMATION IS CONTAINED IN THIS DOCUMENT HAVE AUTHORIZED THAT I AGREE TO THE ABOVE ON THEIR BEHALF.

SIGNATURE OF APPLICANT	DATE(YYYY/MM/DD)	SIGNATURE OF APPLICANT	DATE (YYYY/MM/DD)

BROKER QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? ❑ YES ❑ NO **SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT?** _____ **HAVE YOU BOUND THIS RISK?** ❑ YES ❑ NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? ❑ YES ❑ NO

IF YES, PROVIDE DETAILS: _____

HAVE YOU SEEN THE PRIMARY LOCATION? ❑ YES ❑ NO **IF YES, WHEN:** _____ **CONDITION OF PROPERTY:** ❑ GOOD ❑ FAIR ❑ POOR

BROKER NAME (Please print)	SIGNATURE OF BROKER	DATE (YYYY/MM/DD)