

**EXCESS MARKETS (B.C.) CORPORATION****富邦保險有限公司**

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EXCESS
MARKETS**HABITATIONAL INSURANCE APPLICATION****RISK IDENTIFICATION**

Agent/Broker

Policy Number

Name of Applicant

Mailing address

Postal Code:

Telephone Number

Period of Insurance

From:

To:

At 12:01 a.m. Standard Time

Risk Location (If different from Applicant's Address)

Postal Code:

Loss Payee(s), if any:

APPLICANT'S INFORMATION

Date of Birth (YY/MM/DD): Applicant:

Spouse:

Occupation:

Name of Employer:

Year Employed:

Previous Losses (Past 5 years):

Claim Free Period: years

Previous Insurer:

Policy Number:

Has any Insurer cancelled or refused insurance during the past 5 years:

☐ No☐ Yes, describe:**BUILDING INFORMATION**

Age / Year Built:

of Storeys:

Main Floor Area:

Sq. Ft.

Total Area:

Sq. Ft.

Renovation Update, if any:

☐ Electrical☐ Heating☐ Plumbing☐ Roofing

When:

Structure:

☐ Detached☐ Semi-detached☐ Town-house☐ Apartment☐ Other:

Occupancy:

☐ Primary☐ Secondary☐ Seasonal☐ Rented☐ Other:

Construction:

☐ Frame☐ Brick Veneer☐ Masonry☐ Fire Resistive☐ Other:

Heating:

☐ Furnace☐ Central☐ Natural Gas☐ Electric☐ Other:

Security System:

☐ Fire Alarm☐ Burglar Alarm☐ Local☐ Monitored☐ Smoke Detector

Additional Information

☐ # of Family☐ # of Room Rented to Others:☐ # of Units (For Apartment):☐ Business Operation☐ Daycare☐ Saddle/Draft Animals / **DOG****DISCLOSURE**

The Applicant authorizes the Underwriters and their mandataries to obtain from and exchange with the following persons and organizations any personal information relevant to the making, performance and follow-up of the present contract: other insurers, financial institutions, personal information agents, agencies which collect data on risks and losses, organizations whose functions are the prevention, detection or repression of crimes and offences, market intermediaries, as well as any other person, public or private organizations or businesses, likely to provide to the Underwriters information permitting determination of the premium, assessment of the risks and analysis of claims. This consent will be valid with respect to any extension or renewal of the present contract, as well as to any other property and casualty insurance contract, requested by the Applicant from the Underwriters or offered by the Insurer. A copy of this present authorization is as valid as the original.

SIGNATURE OF APPLICANT (For Disclosure and Application Form)**DATE (YY/MM/DD)**☐ Please tick ☒ if applicable

COVERAGES, FORMS AND LIMITSPolicy Type: ☐ Homeowner ☐ Secondary ☐ Seasonal ☐ Tenants ☐ Condo Owner ☐ Rented DwellingPolicy Form: ☐ Standard ☐ Named Perils ☐ Broad
☐ Prestige / Comprehensive ☐ Others:

A. Dwelling Building	B. Detached Structures	C. Personal Property	D. Additional Living Expense	E. Personal Liability	F. Vol. Medical Payments	G. Vol. Property Damage	Estimated Base Premium
\$	\$	\$	\$	\$	\$	\$	\$

Deductibles: ☐ \$500 ☐ \$

ADDITIONAL COVERAGES	LIMIT	RATE	PREMIUM
<input type="checkbox"/> Earthquake: Deductible _____%	\$	@	\$
<input type="checkbox"/> Sewer Backup:	\$	@	
<input type="checkbox"/> Other:	\$	@	\$

Total Base Premium and Additional Coverages Premium: \$ _____

HOME EVALUATIONRoof Material: Clay and Slate Tile / Metal Tile / Wood Shingles / Asphalt Shingle /
Corrugated Steel / Rubber / Concrete Tile / Mineral Fiber Shakes / Tar & Gravel

Bathroom(s):	No. of Full Bathroom:	No. of Half Bathroom:	
<input type="checkbox"/> Finished Basement:	Recreation Room Area:	Sq. Ft.	Living Quarters Area: Sq. Ft.
<input type="checkbox"/> Fireplace(s):	Type & No.:	No. of Inside Chimney:	No. of Outside Chimney:
<input type="checkbox"/> Garage(s):	Attached/Detached*	Masonry/Frame*	1 Car / 2 Cars / 3 Cars*
<input type="checkbox"/> Carport(s):	With / Without Storage*		1 Car / 2 Cars / 3 Cars*
<input type="checkbox"/> Swimming Pool:	Material: Reinforced Concrete / Fiberglass*	Surface Area:	Sq. Ft.
<input type="checkbox"/> Sprinkler System:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Security System(s)	<input type="checkbox"/> Firm Alarm <input type="checkbox"/> Monitored	<input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Block Watch	<input type="checkbox"/> Local <input type="checkbox"/> 24 Hours Security Guard
<input type="checkbox"/> Public Fire Protection:	<input type="checkbox"/> Within 300M of Hydrants <input type="checkbox"/> Within 8KM of Fire Hall	<input type="checkbox"/> Unprotected	
Additional Built-Ins: (Indicate Quantity)	<input type="checkbox"/> Central Vacuum System _____ <input type="checkbox"/> Garage Door Opener _____ <input type="checkbox"/> Video-door-answering _____	<input type="checkbox"/> Hot Tub _____ <input type="checkbox"/> Intercom System _____ <input type="checkbox"/> Wet Bar _____	<input type="checkbox"/> Jetted Hot Tub _____ <input type="checkbox"/> Skylight _____ <input type="checkbox"/> Other: _____
Electrical:	<input type="checkbox"/> 100 AMPS <input type="checkbox"/> Breakers	<input type="checkbox"/> Fuses	<input type="checkbox"/> Other (Specify)
Water Supply:	<input type="checkbox"/> Public Main Water Supply	<input type="checkbox"/> Well Water	<input type="checkbox"/> Other (Specify)
Plumbing:	<input type="checkbox"/> Copper %	<input type="checkbox"/> Plastic %	<input type="checkbox"/> Other %

Remarks: ☐ Glass Service Contract (Premium \$ _____)☐ Please tick ✓ if applicable

* Please delete as appropriate