

1-800-763-6546

group@insureplus.com

Name					
Street Address					
City/Town		Province		Postal Code	
Email:		Business #		Home #	
Employer Group Name		Name of current Insurance Co.			
Interested in Life or Critical Illness Ins?		Yes      No		Auto Insurance Expiry Date	
				Property Insurance Expiry	

**PROPERTY INSURANCE INFORMATION**

Do you have property insurance now ?    YES      NO	Do you consent to credit scoring? <input type="checkbox"/> YES <input type="checkbox"/> NO
How long have you been insured with your current carrier?	Most insurers do some type of credit scoring on property insurance. It is a soft hit on your credit report and does not in any way affect your credit rating. Neither the broker nor the insurer can see your credit score. This is an automated program and computer generated only
Please provide the date you occupied this location	

HOME OWNER     CONDOMINIUM OWNER     TENANT    DATE OF BIRTH (D/M/Y)    NO. OF FAMILIES IN DWELLING

**TYPE OF BUILDING**

DETACHED     SEMI-DETACHED     TOWN HOUSE     HIGHRISE     LOWRISE     1 STOREY     2 STORIES     SPLIT LEVEL     1½ STORIES

YEAR BUILT    BUILDING WITHIN 8 KM OF A FIREHALL?  YES     NO    BUILDING WITHIN 300M OF A HYDRANT?  YES     NO

IF HOME, PLEASE INDICATE SQUARE FOOTAGE:    ADDITIONAL INFORMATION MAY BE REQUIRED IN ORDER TO PROVIDE ACCURATE COVERAGE

**HAVE YOU HAD CONTINUOUS INSURANCE COVERAGE FOR THE PAST 5 YEARS?**     NO     Yes    Current Insurance Company & Policy #

**PRESENT AMOUNT OF INSURANCE**

BUILDING \$     CONTENTS \$     PERSONAL LIABILITY \$     STANDARD DEDUCTIBLE

PLEASE INDICATE IF THERE ARE ANY ADDITIONAL SCHEDULES, ETC.

YES     NO    IF YES, PLEASE DESCRIBE THE TYPE AND AMOUNT OF COVERAGE:

**HOMEOWNERS: (PLEASE CHECK IF YES) MORTGAGE?**  **FINISHED BASEMENT?**  **CENTRALLY MONITORED ALARM?**  **ANY TENANTS?**  **IF YES HOW MANY?** \_\_\_\_\_

IF HOME IS OVER 25 YEARS OLD, PLEASE ADVISE WHEN THE FOLLOWING WERE UPDATED: WIRING \_\_\_\_\_ HEATING \_\_\_\_\_ PLUMBING \_\_\_\_\_ ROOF \_\_\_\_\_

**TENANTS/CONDO OWNERS: (PLEASE CHECK IF YES: SECURED BUILDING?**  **CONCIERGE?**

**CLAIMS IN THE LAST 3 YEARS?**    **DESCRIPTION**

NO     YES    DATE  AMOUNT \$

DATE  AMOUNT \$

PLEASE CALL FOR QUOTATIONS ON ADDITIONAL LOCATIONS, WATERCRAFT OR RECREATIONAL VEHICLES

## AUTOMOBILE INSURANCE INFORMATION

VEHICLE INFORMATION	Vehicle #1	Vehicle #2	Vehicle #3
REGISTERED OWNER			
PRINCIPAL DRIVER DRIVERS LICENCE NUMBER			
OCCASIONAL DRIVER			
VIN # (PREFERRED) OR YEAR - MAKE - MODEL - 2 OR 4 DOORS			
DO YOU INSTALL WINTER TIRES NOVEMBER to APRIL?	YES      NO	YES      NO	YES      NO
MONTH/YEAR VEHICLE PURCHASED New/Used or Demo	NEW      USED      DEMO	NEW      USED      DEMO	NEW      USED      DEMO
VEHICLE USED TO COMMUTE? DISTANCE COMMUTED (ONE WAY)	YES      NO KMS	YES      NO KMS	YES      NO KMS
USED FOR BUSINESS? DISTANCE PER YEAR ON BUSINESS	YES      NO KMS	YES      NO KMS	YES      NO KMS

COVERAGE INFORMATION						
THIRD PART LIABILITY	\$1,000,000	\$2,000,000	\$1,000,000	\$2,000,000	\$1,000,000	\$2,000,000
COLLISION DEDUCTIBLE	\$500.00	\$1,000.00	\$500.00	\$1,000.00	\$500.00	\$1,000.00
COMPREHENSIVE DEDUCTIBLE	\$500.00	\$1,000.00	\$500.00	\$1,000.00	\$500.00	\$1,000.00
FAMILY PROTECTION ENDORSEMENT	INCL.		INCL.		INCL.	
ACCIDENT WAIVER ENDORSEMENT	YES      NO	YES      NO	YES      NO	YES      NO	YES      NO	YES      NO

DRIVER NAME	YEARS LICENSED IN N. AMERICA	SEX	MARITAL STATUS	TICKETS IN 3 YEARS?	DRIVER TRAINING
<b>1</b>  DATE OF BIRTH	G1 DATE: G2 DATE: G DATE: Driver Training: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	D   M   Y	YES      NO D   M   Y
<b>2</b>  DATE OF BIRTH	G1 DATE: G2 DATE: G DATE: Driver Training: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	D   M   Y	YES      NO D   M   Y
<b>3</b>  DATE OF BIRTH	G1 DATE: G2 DATE: G DATE: Driver Training: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	D   M   Y	YES      NO D   M   Y

If any driver in the last nine years has been involved in any accident or presented any auto insurance claims, please give complete details below, including date. Also please give complete details of any traffic convictions of all drivers for the last three years.