

Date: \_\_\_\_\_

Insured: \_\_\_\_\_

Client No.: \_\_\_\_\_

Location: \_\_\_\_\_

If you would kindly complete the information requested on the attached forms, it would allow us to update our files and also help us to serve you better. Thank you.

### Information Regarding Your Home

1. What year was your house built? \_\_\_\_\_ Detached/Townhouse/Semi? \_\_\_\_\_
2. Type of Construction? Frame \_\_\_ Brick Veneer \_\_\_ Brick \_\_\_ Aluminum Siding \_\_\_ Vinyl Siding \_\_\_
3. What is the square footage of the house (excluding basement)? \_\_\_\_\_
4. Number of Storeys? \_\_\_\_\_ Backsplit \_\_\_ Sidesplit \_\_\_
5. Number of Bathrooms? 4 pc \_\_\_ 3 pc \_\_\_ 2 pc \_\_\_ Jacuzzi Tub: Yes \_\_\_ No \_\_\_
6. Interior Walls & Ceilings? Drywall \_\_\_ Plaster \_\_\_ Other \_\_\_
7. Flooring? What percentage is Carpet \_\_\_ Hardwood \_\_\_ Vinyl \_\_\_ Ceramic \_\_\_ Other  
\_\_\_\_\_(Describe)
8. Do you have a basement? \_\_\_ If so what percentage of your basement is finished? \_\_\_\_\_
9. Is there a deck? Yes \_\_\_ No \_\_\_ If so Sq. ft. \_\_\_\_\_  
Is there a porch? Yes \_\_\_ No \_\_\_ If so Sq. ft. \_\_\_\_\_ Open, closed in or screened in? \_\_\_\_\_  
Is there a breezeway? Yes \_\_\_ No \_\_\_ Open, closed in or screened in? \_\_\_\_\_
10. Do you have an inground swimming pool? Yes \_\_\_ No \_\_\_  
If so: Size \_\_\_\_\_  
Concrete \_\_\_\_\_ Vinyl Liner \_\_\_\_\_ Fibreglass \_\_\_\_\_  
Is the pool enclosed inside a fence, with a lockable gate? Yes \_\_\_ No \_\_\_
11. Garage or Carport: \_\_\_\_\_ Attached, Detached, Built-In or Basement \_\_\_\_\_  
How many cars does it hold? \_\_\_\_\_
12. Do you have a fireplace? Yes \_\_\_ No \_\_\_  
If so: inside chimney \_\_\_\_\_ or outside chimney \_\_\_\_\_  
Is it Wood \_\_\_\_\_ Gas \_\_\_\_\_ Other (describe) \_\_\_\_\_
13. Do you have a Woodstove \_\_\_\_\_ (If so, is it certified \_\_\_\_\_ Age \_\_\_\_\_)
14. Do you have Central Air Conditioning  
(using heating ducts \_\_\_\_\_ using separate ducts \_\_\_\_\_)
15. Do you have any of the following "Built In" features such as:  
Extra Kitchen \_\_\_\_\_ Gazebo \_\_\_\_\_  
Hot Tub (Not whirlpool) \_\_\_\_\_ Skylight(s) \_\_\_\_\_  
Intercom System \_\_\_\_\_ Wet Bar \_\_\_\_\_  
Central Vacuum System \_\_\_\_\_ Sauna \_\_\_\_\_  
Security & Fire Alarm \_\_\_\_\_ (Copy of alarm certificate required for discount)  
Atrium Windows/Doors \_\_\_\_\_ Picture Windows \_\_\_\_\_  
Bay Windows \_\_\_\_\_ Sliding Glass Doors \_\_\_\_\_  
Greenhouse Kitchen \_\_\_\_\_ Small Shed \_\_\_\_\_

16. Any other features not mentioned? \_\_\_\_\_ If so, describe and provide a value

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17. Any smokers in the household? \_\_\_\_\_

18. Date of Birth of the oldest member of the household? \_\_\_\_\_

### **Roof**

1. Roof Material : Asphalt Shingles \_\_\_\_\_ Metal \_\_\_\_\_ Slate \_\_\_\_\_ Other(Describe) \_\_\_\_\_

2. Year roof last updated or resingled? \_\_\_\_\_

### **Wiring**

1. Amp Service: 100 Amp \_\_\_\_\_ 200 Amp \_\_\_\_\_ Other \_\_\_\_\_

2. Circuit Breakers \_\_\_\_\_ or Fuses \_\_\_\_\_

3. Copper Wiring \_\_\_\_\_ or Aluminum Wiring \_\_\_\_\_ or Other(Describe) \_\_\_\_\_

4. Year last updated? \_\_\_\_\_

### **Heating**

1. Type of heating?: Gas \_\_\_\_\_ Electric \_\_\_\_\_ Oil \_\_\_\_\_ Propane \_\_\_\_\_ Other(Describe) \_\_\_\_\_

If Oil, how old is your tank? \_\_\_\_\_ Is it inside or Outside? \_\_\_\_\_

2. Year last updated? \_\_\_\_\_

### **Plumbing**

1. Are pipes all copper and/or plastic? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is there any galvanized steel pipes? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what percentage? \_\_\_\_\_

3. Year last updated? \_\_\_\_\_

THANK YOU FOR PROVIDING US WITH THIS IMPORTANT INFORMATION. WE WILL CONTACT YOU IMMEDIATELY IF WE FIND THAT ANY CHANGES ARE NEEDED ON THIS POLICY.