CS	D	Pl	ERSONA	AL LINE	S UME	BRELLA I	NSURANC	E APPLICAT	ION 🗀 🛭	BILLING BROKER/AGENT	COMPANY
INSURANC	E COM	PANY					QUOTE NE	RENEWAL POLICY	// R NUMBER		
1. APPL	ICANT	'S FULL NA	AME AND POST	AL ADDRESS			2. BROKERAC	SE/AGENCY INFORMAT	ION		
							·				
					POSTAL CODE					POSTAL CODE	
CONTACT N	NUMBER	. ,		TVDE	NO		BROKER CODE		CONTACT NAME	<u> </u>	
TYPE TYPE		NO. NO.		TYPE TYPE	NO. NO.		PHONE NO.		FAX NO.		
PREFERRE	D DOCU	JMENT LANG	GUAGE [ENGLISH		FRENCH	CONTRACT NUMBE	R	SUB-CONTRACT	TNUMBER	
EMAIL ADD	RESS						GROUP / PROGRAM	1 NAME	GROUP ID		
WEBSITE /	ADDRES	SS					BROKER CLIENT ID		COMPANY CLIE	NT ID	
3. POLI	CY PEF	RIOD					1				
EFFECTIVE	DATE		Т	IME	A.M. 🔲 F	P.M. EXPIRY D.	ATE		TIMES ARE LOCA STAL ADDRESS ST	L TIMES AT THE AF FATED HEREIN.	PPLICANT'S
4. APPL	ICANT	DATA									
INSURED I	NAME						CO-INSURED NAM	E			
OCCUPATI	ON						OCCUPATION				
YEARS CO	NTINUC	USLY EMPLO	OYED	DATE OF BIRT	TH		YEARS CONTINUC	USLY EMPLOYED	DATE OF E	BIRTH	
OCCUPAN	CY DATE	Ξ		IF OCCUPANO	Y DATE IS LES	SS THAN 3 YEARS, F	ROVIDE PREVIOUS AD	DRESS			
										POSTAL CODE	
5. UNDI	ERWRI	TING QUES	STIONS (If yes to	any of the follo	owing questio	ns, please provide	details in remarks.)			10022	
5) ARE THI 6) DOES A 7) DO ANY 8) DO ANY 9) DOES A COUNTRY	ERE AN' NY MEM MEMBE OF THE	Y OWNED PR MBER OF THE ERS OF THE H E PREMISES (LICANT OWN	ROPERTIES, AUTO E HOUSEHOLD OV HOUSEHOLD SEF CONTAIN AN OFF I AUTOMOBILES,	OMOBILES, WATE WN AN AIRCRAFT RVE ON A BOARD CICE OR BUSINES PROPERTY OR V	RCRAFT OR R OF DIRECTOR OF OPERATION VATERCRAFT 1	ECREATIONAL VEH RS? PHOME THAT ARE LOCATED	THE LAST 6 YEARS? CLES NOT COVERED E BUSINESS TYPE OUTSIDE OF CANADA? OF CANADA? DURAT		DERLYING POLICIE	S?	ES □NO
						ft or recreational ve					
OPERATOR			() opo.a.	NAME		it or roor outlonal vi		CENCE NUMBER	LICENCE	DATE OF BIRTH	DATE
#				NAWE			Lic	ZENCE NUMBER	TYPE	DATE OF BIRTH	LICENSED
7. LIAB	ILITY L	OSS HISTO	ORY								
1) HAVE AN	IY OF TH	HE APPLICAN	ITS OR RESIDENT	TS OF THE HOUS	SEHOLD EXPER	RIENCED ANY LOSS	WHICH HAS BEEN PAIL	O IN AN AMOUNT OF \$5,000	OR MORE?	☐ YES	NO
2) HAVE AN	IY OF TH	HE APPLICAN	ITS OR RESIDENT	TS OF THE HOUS	SEHOLD BEEN	SUED FOR LIBEL O	R SLANDER?			☐ YES	S NO
3) HAVE TH	IERE BE	EN ANY LOS	SES OR CLAIMS I	BY THE APPLICA	NT OR ANY RE	SIDENT OF THE HO	JSEHOLD IN THE PAST	5 YEARS?		☐ YES	S NO
DATE OF	LOSS	OPERATOR		CAUSE		PAID AMOUN	ESTIMATED AMOUNT	INSURANCE CO	DMPANY	POLICY N	IUMBER
		#					AWOONT				

CSIO	P	ERSON	NAL LINES UMB	RELLA	INSURANCE AF	PPLICATION	N	
8. UMBRELLA	LIABILITY LII	MIT REQUIRE	(In excess of underlying insurance)					
\$1,000,000 (minimum)	\$2,000	,000	\$3,000,000 \$4,000,000	\$5,000,000		E	BASE PREMIUM \$	
			ING POLICY INFORMATION (O	wned and / or lease	d) 		INCL.	
POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	SEF/OPCF 44 END'T (Y/N)	ADDITIONAL PREMIUM
			LYING POLICY INFORMATION	(Owned and / or le	ased)			
POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	POLICY LIABILITY LIMIT	RISK TYPE	# OF R	ISKS	ADDITIONAL PREMIUM
44 TDAVELT	DAILED INCLI	BANCE UND	EDIVING BOLICY INCODMATI	ON (Ours ad a sad) a	-1			
11. TRAVEL T	EFFECTIVE	EXPIRY	ERLYING POLICY INFORMATI	UNDERLYING				ADDITIONAL
NUMBER	DATE	DATE	INSURANCE COMPANY	POLICY LIABILITY LIMIT	RISK TYPE	# OF R	ISKS	PREMIUM
	I	T .	YING POLICY INFORMATION (C	Owned and / or lease UNDERLYING	d)	LENGTH HO		
POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	POLICY LIABILITY LIMIT	RISK TYPE		RSE MAXIMUM WER SPEED IN (MPH)	ADDITIONAL PREMIUM

CSIO	PERSONAL LINES UMBRELL	A INSURANCE APPLICATION	
13. PREMIUM SUMMAI	RY		
1. BASE PREMIUM			
2. AUTOMOBILE			
3. HABITATIONAL			
4. TRAVEL TRAILER			
5. WATERCRAFT			
		TOTAL ESTIMATED POLICY PREMIUM	
		TAXES (IF APPLICABLE)%	
		TAX EXEMPT? Y/N	
DESCRIPTION		ADDITIONAL CHARGES (IF APPLICABLE)%	
		TOTAL ESTIMATED COST	
14. REMARKS			
15(A). FULL DISCLOS	URE		
correct even if the informa		all parts of and attachments to this application and declare that all of the inform rer or by the insurance broker. I understand that acceptance of this application	
prejudice of the Insure circumstance that is mate the risk to be undertaken	erritories except Quebec: If I falsely describe the property to the err, or misrepresent or fraudulently omit to communicate any erial to be made known to the Insurer in order to enable it to judge of , the contract may be void in whole or as to any property in relation to tion or omission is material.	 For Quebec: I am bound to represent all the facts known to me which are lik influence an insurer in the setting of the premium, the appraisal of the risk or cover it. The same applies to the Insured if the Insurer requires it. Any misre concealment of relevant facts by me or the Insured nullifies the contract, ev losses not connected with the risk so misrepresented or concealed. 	r the decision to epresentation or
	rritories: Any fraud or willfully false statement in a statutory declaration to a claim, vitiates the claim of the person making the declaration.	on in relation to any of the particulars required by applicable conditions, statuto	ory or otherwise,
	ORMATION CONSENT		
I am providing personal inform authorize my broker, agent or i i) To collect, use and disclose p information will include policy ii) That these collections, uses a a premium payment plan, inve- iii) To collect only my person credit information remains vi	nsurer to the following: ersonal information on this form to, from and between insurers and other appropria history, loss history and rating information. and disclosures are for the purposes necessary to communicate with me and the list stigate and settle claims, analyze business results, detect and prevent fraud, as perm al credit information including my credit score from consumer reporting agenc	llected will be used for the purpose of this application or any renewal or change in coverage. I te parties, subject to my broker's, agent's and the insurer's policy regarding personal informat ed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility litted by law. ies, as permitted by law for the purposes identified above. I understand that my consent consent to the use of credit information, I understand that I may not benefit from the be	tion. Such personal y and conditions for at for the use of
If any other individuals wish to	ose personal information is contained in this form have authorized me to consent to provide their consent with respect to the use of their credit information, they may p jestions about my broker's, agent's or insurer's personal information policies by con ldor:	provide their consent by also signing below.	
		llected will be used for the purpose of this application or any renewal or change in coverage. I	consent and

- lam providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent an authorize my broker, agent or insurer to the following:

 i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information;

 ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

 iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purpose of determining eligibility and conditions for a premium payment plan. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing.

 I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

 I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

DATE
SIGNATURE OF APPLICANT (Authorized for this purpose) DATE
SIGNATURE OF APPLICANT (Authorized for this purpose) DATE
16. BROKER / AGENT QUESTIONNAIRE
IS THIS BUSINESS NEW TO YOUR OFFICE? YES NO SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT? HAVE YOU BOUND THIS RISK? YES
ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? YES NO IF YES, PROVIDE DETAILS BELOW:
BROKER / AGENT NAME SIGNATURE OF BROKER / AGENT DATE (Please Print)