C	CSIC	<b>O</b>	HA PAR		ATI	ONA	LIN	ISUR	AN	IC	ΕA	PP	LIC	CA	TION	LANG	UAGE ENGLISH	FR	ENCH
INSURA	NCE COMF	PANY	PAR				POLIC	Y NUMBER				NEW	T	REPI	LACING POL. NO.		NO. OF LO		
							1.52.5							]			NO. OF AT		
1. APF	LICANT	"S FUL	L NAME	E AND PO	STAL A	DDRESS	(Last n	ame / first	name)								110.0.71		
							•		BRO	OKER	CLIENT I	)							
									-	21/50	/A OFNIT				205				
									BRO	JKER	/AGENT				COE	)E			
							DOOTAL	0005	_										
							POSTAL	CODE											
RESIDE	NCE TELEF	PHONE			BUSINE	SS TELEPHO	DNE												
										BRC	KER/AGE	NT BILL			CREDIT CARD#				
FAX NUI	MBER				ELECTR	ONIC MAIL				CON	IPANY BIL	L			OTHER (SPECIFY)				
										PAY	MENT PLA	AN			WITHDRAWAL DATE	E (YYYY/N	им/DD)		
POLICY		TIME	A.M.	P.M. DA	TE	YYYY   N	M   DD	1		DA	TE   \	/YYY	MM I	DD	All times are local	I times at	the Applica	ant's	
PERIOD	FROI	М						TO 12:0	01 A.M.						postal address sta			anto	
2. APF	LICANT	DATA	If more	than one	applica	ant is sho	wn abov	e, provide	details	for	both.								
OCCUPA												CHANG	ED ADD	RESS	IN LAST 3 YEARS?	T YI	ES	NO	
YEARS	CONTINUO	USLY EN	//PLOYED:		DATE O	F BIRTH	YY	YY MM	DD II	F YES	, PROVIDI	E PREVI	OUS AD	DRESS	3			1	
OCCUPA	ATION:						'												
YEARS	CONTINUC	USLY EN	//PLOYED:		DATE O	F BIRTH	YY	YY MM	DD										
3. LOS	SS & PO	LICY H	ISTORY																
HAVE TH	HERE BEEN	N ANY LO	SSES OR	CLAIMS BY 1	HE APPL	ICANT OR O	THER MEN	MBER OF THE	APPLICAI	NT'S H	HOUSEHO	LD IN TH	HE PAST	5 YEA	RS? YE	ES		IF YES, PF	ROVIDE
																	_	DETAILS	
DATE	(YYYY MM	DD)	LOC.#		CAUSE		PAI	D AMOUNT	ESTIN	ИАТЕІ	O AMOUN	т	IN	SURAN	NCE COMPANY		POLIC	Y NUMBE	R
		,																	
HAS AN'	Y INSUREF	R CANCE	LLED, DEC	LINED, OR F	REFUSED	TO RENEW	OR ISSUE	HABITATIONAI			NAME O	F PREVI	OUS						
INSURA	NCE TO TH	IE APPLI	CANT WIT	HIN THE PAS	T 5 YEAR	s?	YES	NO			INSURE!		۲٠		EXPI	RY DATE		y MN	LDE
IF YES. I	PROVIDE D	ETAILS:	INSURER				_							чист	HE APPLICANT HAD			LIBANCE	WITH
	ANCELLED		DECLINE		APSED	REASON:					ANY INS		YEARS	HAS I	HE APPLICANT HAD	ЛАВПАП	ONAL INS	URANCE	VVIII
				ISURANCE W															
4. DIS	COUNTS	SAND	OR SU	RCHARG	ES May	be subject to	a maximu	m. Indicate YI	ES if disc	ount (	or surchar	ge prem	ium is N	NOT inc	cluded in the coverage	e premiu	m.		
								NOT INCLUE	ED									NOT IN	CLUDE
LOC.#	DIS.	SUR.		TYPE		%	\$	YES N		C. #	DIS.	SUR.			TYPE	%	\$	YES	l NO
													+			_	+		_
																	1		1
5. PRE	MIUM S	UMMA	RY AND	METHOD	OF PA	YMENT T	he estimat	ed insurance i	oremiums	are s	subject to	adiustm	ent to th	ne Insu	rer's current manual	rates.	_		
	TED PREM			\$		JMBER OF P		1	IT WITH A		-	Ť	NCIAL I						
	CIAL TAX (			\$		ONE	TWO	FULL PREM			5, 11.0.1	ACC					CHQ:	#	
	NG CHARG			\$		THREE	MONTHLY			\$		DAT			MONTHLY PAYME	NTS FOR	MONTI		
	STIMATED			\$		OTHER (EX		INITIALIAN	VILIVI	Ψ		DAI	_		MONTHETTATME	110101	WOTT	110 (6) \$	
	NSENT 8		LOSURI	<u>·</u>		0111211(2)													
Where (a)	) an Applicant	for this co	ntract gives f	alse particulars											equired to be stated therein	n; or (b) the	e Insured co	ntravenes a	term of t
		, . , . , .	,	. ,			,,	claim will become					,						
															ice is based on the truth an	·			
															clude, but is not limited to, regarding personal infor				
				nce and underve above on their		olicies, evaluat	ting claims, d	letecting and prev	venting frau	ıd, and	analyzing b	ousiness r	esults. I d	confirm t	hat all individuals whose p	personal in	formation is	contained	in this
SIGNAT	URE OF AP	PLICAN	Γ				DATE		SIG	NATU	RE OF AP	PLICAN	Γ				DATE		
							YYYY	/ IMM D	D								YYY	Y MI	1   DE
7. BRC	OKER/A	GENT (	QUESTI	ONNAIRE															
IS THIS	BUSINESS	NEW TO	YOUR OF	FICE?	YE	s	NO HOW	LONG HAVE	YOU KNO	WN T	HE APPLI	CANT?		HAV	E YOU BOUND THIS F	RISK?		YES	N
ARE TH	ERE SPEC	IAL CIRC	UMSTANC	ES REGARD	NG THIS	APPLICATIO	N WHICH T	THE COMPANY	'SHOULE	KNC	W?		YES		NO				
HAVE Y	OU SEEN T	HIS PRO	PERTY?		YE	s	NO IF YE	S, WHEN	YYYY		/M DE		CONI	DITION	OF PROPERTY:	GOOE	)	FAIR	POO
REMARI	KS																		
SIGNAT	URE OF BF	ROKER/A	GENT															DATE	
																	YYY		
CSIO I	HNB (10	(03)						PLEASE C	OMPLE	TE	PART 2			© 2003	3, Centre for Study of Ir	nsurance (	Operations	s. All rights	reserve

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RISK	ī	0	C	ΔΤ	1

## HABITATIONAL INSURANCE APPLICATION PART 2 - LOCATION DATA (USE ADDITIONAL FORMS IF REQUIRED)

LOCATION #: PREMIUM TABLE: TOWN ID CODE:

8. RISK LOCATION IF DIFFERENT FROM APPLICANT'S ADDRESS						. (00.			LOSS PAYEES NAMES, ADDRESSES AND POSTAL CODES								s	NATURE OF INTEREST								
								1	1												_					
						OTAL	CODE	2																		
						POSTAL CODE																				
9. RATING INFOR		ION YEAR BUILT				GROUND FLOOR AR							SQ.	. FT.	SQ. M.											
OCCUPANCY / # OF FAMILIES	#	FIRE	PRO	TECT	ON	$\perp$	SE	CURITY S	SYSTEM	Y	N	LOCA	L	MON- ITORED				TING			FUEL	PRI- MARY	ΙĹ	UX- ARY		
PRIMARY		UNPROTEC				+	FIRE								FURNACE											
SECONDARY		WITHIN			/DRANT	+		TORED B	SY		_	1	_		COMBINAT											
SEASONAL		WITHIN	KN	M OF F	IREHAL	⊢	BURG								COMBINAT				OD							
RENTAL		NAME:				_		TORED B	SY			I			FURNACE ADD-ON W	(CEN	IRA BUR	L) WITH NING UNI	IT							
VACANT				UCTIO	ON	-		NKLER		_																
UNOCCUPIED	211	ASBESTOS	· · ·			_		(E DETEC	CIORS			NO:			HEAT PUM								-			
UNDER CONSTRUCTION	JN	BRICK				+	TYPE:		DITV						SPACE HE								-			
# OF STORIES	DE	CEMENT			_	$\dashv$	OTHE	R SECU	KIIY						ELECTRIC											
	PE	FRAME				+	DENO	N/ATION I	UDODAD	-   -		DADI	.	VEAD	WALL FUR											
DETACHED		_				-			UPGRAD	EF	ULL	PART		YEAR	FIREPLACI								Y	T		
TOWNHOUSE		_				+	_	ELECTRICAL 100 AMPS			AKERS			USES	SOLID FUE			IG UNIT	TION				Y	N		
						+	_			BREA	ANERS	· L	] FC	USES						TA 01	IED.		_			
ROWHOUSE PRE-FAB		+				+		OTHER (S	PECIFY)				Т		<b>†</b>			STIONNA H APPRO		IACH	IED			-		
-		<del> </del>				HEATING							+		ELECTRIC											
1	ILE HOME STUCCO  CODE FIRE RESISTIVE					PLUMBING  COPPER % PL					TIC	%		HER %	SIZE:	KADI		MAKE:	ILING		`	EAR:				
OTHER									%	PLAS1	IIC	70		HER 7	OIL TANK:			INSIDE	:			GROUND				
	s													AGE:	YF	GROUND										
									GRADI	F				REMARKS			OUTSID				, records					
MULTIPLEX		NON-FIRE RESISTIVE APT						0.0.0.	_																	
MERCANTILE (>6 APTS) VINYL						$\top$	OUTBUILDINGS: # USE																			
`	,					┨	CONS	STR:	Н	EAT:		VALU	E:													
10. ADDITIONAL	LIABII	ITY EXPO	SUI	RE II	VFOR	VIA1	ION																			
EXPLAIN "YES" RESP	ONSES		YES	NO				EX	(PLAIN "Y	/ES" R	RESPO	NSES IN	RE	MARKS		YES	NC	REMA	RKS							
LOCATION RENTED TO	DETACHED MASONITE NHOUSE ALUMINIUM HOUSE MASONRY FAB STONE LE HOME STUCCO FIRE RESISTIVE RE STEEL  APT. # OF UNITS MASONRY VEN EX TRIPLEX BRICK VENEER IPLEX NON-FIRE RESI CANTILE (>6 APTS) VINYL  ADDITIONAL LIABILITY EXPOSUI AIN "YES" RESPONSES TION RENTED TO OTHERS: DITIONAL FAMILIES DIMS RENTED TO OTHERS: DITIONAL RESIDENCES/PROPERTIES TO (INDICATE LOCATIONS IN REMARKS): RE EXPOSURES (EXPLAIN): INTARY COMPENSATION REQUIRED FOR # COVERAGE: FORMS, LIMITS & D  CAGE FORM AND TYPE:				# WKS			DA	YCARE -	# CHIL	LDREN	V														
# ADDITIONAL FAMILIE	S							INC	CIDENTAI	L OFFI	CE US	SE?														
# ROOMS RENTED TO	OTHER	S:						BU	JSINESS (	OPERA	ATION	S AT THI	S LC	OCATION?												
# SADDLE/DRAFT ANIM	MALS:							AN	IY OTHER	RINCO	ME PI	RODUCII	NG (	OPPORTU	NITIES?											
ADDITIONAL RESIDEN	CES/PR	OPERTIES			#			IS	THERE A	CO-O	CCUP	ANT WH	) RE	EQUIRES (	COVERAGE?											
# UNITS (INDICATE LO	ELECTORAL LIABILITY  (FEAMILIES  ED  AS  NSTRUCTION  BR  IES  CTURE TYPE  FR  AG  CHED  MA  SE  AL  E  ME  ST  ME  ST  ME  ST  ME  ST  ME  TRIPLEX  BR  TRIPLEX					SWIMMING PO																				
OTHER EXPOSURES (	EXPLAIN	1):																								
VOLUNTARY COMPEN	SATION	REQUIRED F	OR#	SERV	ANTS:			IN:	:			OUT:			СНА	UFFE	UR:				OCCASIO	DNAL:				
11. COVERAGE:	FORM	S, LIMITS	& D	EDU	CTIBL	.E -	Atta	ch hon	ne eval	uatio	n (if	applic	abl	le)	1											
		ELL 100		DETA	OUED			DEDOON			ADDITIONAL				RATING PL			-A D) /			DUCTIBLE					
		ILDING		ATE S	CHED TRUCTU	RE		PERSONA PROPERT	Y	LIVIN	ADDITIONAL IVING EXPENSES			LEGA LIABILI		EDICA	LUNI AL PA	ARY YMENTS	PROF	PERTY	NTARY Y DAMAGE	ESTIN PREI	MIUM			
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						YES	NO	LI	IMIT	+	DE	D	REI	MARKS								PRE	MIUM			
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		ROTECTION I	ENDO	DRSE	ИENT					+																
TENANTS' IMPROVEM	ENTS									+																
SEWER BACK-UP										-																
EARTHQUAKE																							<u> </u>			
MASS EVACUATION										+																
RENTAL INCOME	<u> </u>									+																
BURGLARY		VANDALIS	M																							
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REMARKS	KENIIUM	i nio PAGE						<u> </u>														۳ ا				
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13. SCHEDULED	$\overline{}$	$\overline{}$	T					equired			e item	$\overline{}$	$\overline{}$	$\overline{}$					SFO	-			PROF	ESSIONA	
TYPE	YES	NO	A	MT OF INS.	DED	PRE	EMIUM	+		YPE		Y	ΈS	NO		AMT	OF IN	NS.		1		ED		PREMI	JM_
EWELRY		<u> </u>						CAME	ERAS			_	_												
URS								ELECT	RONIC	EQUI	PMENT														
ILVERWARE								COM	PUTER	REQ	UIPME	NT													
OIN								MUSI	CAL IN	NSTR	UMEN	TS													
TAMP								SPOF	RTS E	QUIP	MENT														
NTENNA/RECEIVER	1							BICY	CLES																
INE ARTS								+	ARMS				$\neg$												
BREAKAGE								+	- FLOA			-	$\dashv$												
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OFF PREMISES		+						+				_	$\dashv$						-						
OME FREEZER													_												
OTAL ESTIMAT	ΓED	PRE	MIUM			\$		TOT	AL E	STI	MATI	ED F	PRE	EMIL	JM								\$		
4. SCHEDULED	) PE	RSC	NAL P	ROPERT	Y DETAIL																				
# DE	SCRI	PTION	N (INCLUI	DING SERIAL	./ IDENTIFICA	TION NUMBER	)	TYF	PE	A	LL SKS	NAME PERII	ED	ΔP	PURC PRAIS	HAS	E/ DATE	T	DED	)	DIS	SC. %		AMT OF	INS.
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				PART 4	- WATE	RCRAFT	DATA (L	JSE A	ADD	ITIC	<u>ONA</u>	L F	0	RM:	S IF	R	EQI	JIR	ED	<u>)                                    </u>					
5. WATERCRAI	FT A	ND.	TRAILE	ERS (indic	ate if boa	trailer or tr	avel traile	er)																	
# TYPE			YEAR		MANUFAC <sup>*</sup>	URER		MOE	DEL					S	ERIAL	_ NU	MBER	2			LEI	NGTH		PRICE (	₹.C)
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2																									
3																									
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# ENGINE HORSEPOWER		XIMU PEED		U	SE		WATERS N		MOORING AT								LOCATIONS WINTER LOCATION								
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#				LIENHOLDE	ER / LESSOR				AR	NP			MEN <sup>*</sup> SA			OUC <sup>*</sup> % OF	ΓIBLE ₹\$	A	MTC	OF IN	SURA	NCE		PREMI	JM
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6. OPERATOR	DAT	Ά																							
			RATOR		DATE OF E	IRTH	AUTO DRIVE	R'S LICI	ENCE	NO		Т		C.Y.	Α.		POW	TRA	NINC	3		CF	RTIFI	CATE NUM	BFR
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OTAL ESTIMAT	ΓED	PRE	EMIUM	THIS PAG	E																		\$		
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SIO HNB (10/0:	3)														@ 1	2002	Cont	ro fo-	Ctud	v of l	ourc	200 0=	protice	ns All rights	