



CARRIER:

United States Liability Insurance Company

1-4 Family Dwelling Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

Coverage(s) Desired: Property General Liability

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Trust Other _____

Description of Operations:

Location 1

Street Address	Number of Units	City, Province/Territory, Postal Code	Area (Sq. Ft.)	Years Owned	Annual or Seasonal	Owner Occupied	Student Tenants	Pool
					<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Have there been any property or liability losses in the last three years? Yes No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. Is any portion leased to commercial tenants? Yes No

If "Yes," what is the total area? _____ sq. ft.

Please describe occupancy: _____

3. Is any portion of the building vacant? Yes No

If "Yes," what is the total area? _____ sq. ft.

Property Coverage

Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Noncombustible <input type="checkbox"/> Fire resistive					
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None	

What year was the building constructed? _____	Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____	
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____	
What is the age of the roof? _____ years	
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the square footage of the entire structure? _____ sq. ft.	
Building Limit: \$ _____	Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Personal Property Limit: \$ _____	Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Income Limit: \$ _____	Coinsurance _____ <u>or</u> Monthly Limit of Indemnity
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense	<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6

Additional Property Coverages Requested (check all that apply)

<input type="checkbox"/> Flood	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Equipment Breakdown	<input type="checkbox"/> Electronic Data
<input type="checkbox"/> Canopy/Awning \$ _____	<input type="checkbox"/> Interruption of Computer Operations
<input type="checkbox"/> Fence \$ _____	<input type="checkbox"/> Pool \$ _____
<input type="checkbox"/> Shed/Gazebo \$ _____	<input type="checkbox"/> Garage \$ _____

Liability Coverage

4. Occurrence/Aggregate limit \$1,000,000/\$2,000,000 \$2,000,000/\$2,000,000 \$2,000,000/\$5,000,000
 \$3,000,000/\$3,000,000 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us)

Name	Relationship/ Interest	Address	City, Province, Postal Code	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. ELIGIBILITY CRITERIA

General Eligibility

5. Are there any past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually in the past five years? Yes No
6. Has Insurance coverage been cancelled or non-renewed in the past three years? Yes No
If "Yes," advise reason: _____
7. Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? Yes No
8. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? Yes No
9. Is the applicant the owner of all properties? Yes No
10. Are there any wood-burning stoves? Yes No
11. Is any location used as student housing, a rooming house, assisted living facility, or group home? Yes No
12. Is the location a mobile home? Yes No
13. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? Yes No

Pool Eligibility

14. Are all pools fully fenced with a self latching gate? Yes No If "No," which location(s)? _____
15. Does any pool have a water slide or a diving board? Yes No If "Yes," which location(s)? _____

III. ADDITIONAL LOCATIONS

Loc.	Street Address	City, Province/Territory, Postal Code	Number of Units	Area (Sq. Ft.)	Years Owned	Annual or Seasonal	Owner Occupied	Student Tenants	Pool
2						<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6						<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7						<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8						<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9						<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10						<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Building Construction	
F = Frame	MNC = Masonry Non-Combustible
JM = Joisted Masonry	MFR = Modified Fire Resistive
NC = Non-Combustible	FR = Fire Resistive
If other, describe	

Roof Type	
F = Flat	M = Metal
W = Wood shake	T = Tile
SH = Shingle	SL = Slate
If other, describe	

Plumbing Type	
P = PVC	G = Galvanized
C = Copper	L = Lead
If other, describe	

Loc.	Building Construction	Protection Class	Building Limit	Business Personal Property Limit	Business Income Limit	Year Built	# of Stories	Is there a basement?	100% sprinkler?	Roof Age	Roof Type	Plumbing Type
2			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am 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 and 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.

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 Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)