



GENMARK INSURANCE SERVICES INC.

1670 Bayview Avenue, Suite 500, Toronto, Ontario M4G 3C2

Tel: 416-482-2089 Toll: 1-800-268-8929

Fax: 416-482-9800 Toll: 1-888-638-8822

www.genmarkinsurance.com

RESIDENTIAL DWELLING APPLICATION FORM

Broker _____ Date _____

Attn _____ Tel # _____ Fax # _____

Insured _____

Mailing Address _____

Risk Address _____

Payable to _____

Structure Type Detached Semi Detached Townhouse Rowhouse Duplex Other _____

Construction # of Stories _____ Year Built _____ Sq. ft. _____ Sq. meters _____

Walls Frame Brick Veneer Masonry Alum Siding Stucco Fire Resistive

Floor Concrete Wood Joist Cement Other _____

Roof Wood Joist Patent Metal Clad Tar Gravel Concrete Others _____

Updates Full Partial Year _____

Heating Gas Electric Hot Air Hot Water Space Heater Others _____

Oil Tank (Inside Outside, Above Ground In Ground)

- Age of Tank _____ Has Oil Tank been Inspected by Oil Company? Yes, When _____ No

- Wood Heat Stove – ULC/CSA Approved Yes No, Professionally Installed Yes No

* Please Provide a Copy of Wood Heat Questionnaire for Our Reference.

Updates Full Partial Year _____

Electrical C/B Fuses Knob & Tube _____% _____amps

Updates Full Partial Year _____

Plumbing Copper Plastic Galvanized _____% Other _____

Updates Full Partial Year _____

Sump Pump Age _____

Protection Hydrant within 300 Meters / 1000 Feet Fire Hall within 8 km Unprotected

Sprinklered Yes _____% No Burglar Alarm – Central Station Monitored Local None

Prior Carrier _____ Policy # _____ Is Renewal Offered? If not, Why? _____

Loss Experience – 5 Years _____

Owner Occupied Dwelling Rented and Number of Families _____ # of Rooms Rented _____

Seasonal Cottage a) Are Roads Kept Open all Year Round? _____

b) Nearest Fire Hall _____ km Paid Volunteer

1) Are there any Business Pursuits on the Premises? _____

2) Is the Property Viewable from a Paved Road? _____

3) Has Broker Visited Property, and if so, Would Broker Recommend this Risk? _____

4) Swimming Pool? Yes No Above Ground In Ground Depth _____

5) Does Property have Fire Extinguishers? Yes No

6) Operable Smoke Detectors? Yes No

7) Is there any Farm Land? Yes No If Yes, Please Describe _____

Coverage Required Building \$ _____ Detached Structures \$ _____ Contents of Insured \$ _____

Rental Income \$ _____ Limit of Premises Liability \$ _____

Remarks
