



New Business Questionnaire
****Please Fill Out Completely****

Applicant Information			
Name:			
Postal Address:			
Contact Phone Numbers (specify type & number):			
Email Address(es):			
Occupation:		Date of Birth:	
Co-Insured Occupation:		Co-Insured Date of Birth:	
Number of years at current location:		Previous Address (if less than 3 years):	
Policy History			
Do you currently carry insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide insurance company, policy number, and expiry date:	
Since what date have you carried continuous insurance? (please note any gaps or lapses in coverage)			
Have you had any losses or claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has an insurance company ever cancelled, non-renewed, or refused to issue insurance to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide a copy of the current policy.
If the current policy is not available, please complete the information on the next page



Basic Information

Location Address:	
Mortgagee / Loss Payee(s)	

Primary Structure Details

Year Built:	No. of Storeys:	No. of Families:	No. of Units:	Total Living Area (excl. basement):	<input type="checkbox"/> sq ft	<input type="checkbox"/> sq m
Occupancy:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Under Construction					
Structure Type:	<input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Rowhouse/Townhouse (End) <input type="checkbox"/> Rowhouse/Townhouse (inside) <input type="checkbox"/> High-rise <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multiplex					
Construction:	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Concrete Block/Masonry <input type="checkbox"/> Log <input type="checkbox"/> Fire Resistant					
Finish:	<input type="checkbox"/> Brick Veneer <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Stucco <input type="checkbox"/> Stone Veneer <input type="checkbox"/> Solid Brick <input type="checkbox"/> Aluminum/Metal Siding <input type="checkbox"/> Wood					
Primary Heating Type:	Fuel:	Location:	Secondary Heating Type:	Fuel:	Location:	

Note: If you have oil heating, please complete an Oil Tank Questionnaire

Fire Protection/Security Details

Fire Protection:	<input type="checkbox"/> Protected _____ m. of hydrant _____ km. of firehall	<input type="checkbox"/> Unprotected <input type="checkbox"/> Superior Shuttle Tanker Service
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Please attach any applicable Alarm Certificates

Bicycle Information:

Year:	Serial No:
Make/Model:	Value (incl. the bike, its equipment & accessories):

Policy Type:	<input type="checkbox"/> Homeowners <input type="checkbox"/> Condominium <input type="checkbox"/> Tenants <input type="checkbox"/> Seasonal Dwelling <input type="checkbox"/> Seasonal Condominium <input type="checkbox"/> Rented Dwelling <input type="checkbox"/> Rented Condominium <input type="checkbox"/> Other
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Our policy is to quote the most comprehensive form available, including \$2,000,000 Personal Liability, Earthquake, and Sewer Backup/Water Damage where available. Options to reduce will be included. For Homeowners and Seasonal/Rented Dwelling policies, amounts of coverage to be determined by the evaluator-determined replacement value. For all other policy types, please complete below.

Personal Property: (for Condominium and Tenants Policies Only)	\$
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***** PLEASE SEND THE APPLICATION TO THE FOLLOWING E-MAIL ADDRESS: cycling@shawsabey.com *****

**** PLEASE NOTE THAT ADDITIONAL INFORMATION MAY BE REQUIRED AT THE TIME OF QUOTING****

This information and information on any provided policy documents will be transferred to the CSIO Habitation Insurance Application. We will require any missing information and the insured's signature prior to binding.