

**Location**

(if more than one dwelling, complete additional form)

|                                                                                                                                                                                                                                                                                      |                                                                                                                                   |                                                                                                                                                                                                                               |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Occupancy</b><br><input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Seasonal                                                                                                                                                                 |                                                                                                                                   | Type of Dwelling                                                                                                                                                                                                              |                                                          |
| <b>Protection</b> <input type="checkbox"/> within 1000 ft. (305M) of a hydrant<br><input type="checkbox"/> within 10 miles (16 km.) of responding firehall at<br><input type="checkbox"/> unprotected                                                                                |                                                                                                                                   |                                                                                                                                                                                                                               |                                                          |
| <b>Construction</b>                                                                                                                                                                                                                                                                  |                                                                                                                                   | Year Built                                                                                                                                                                                                                    | Number of Rooms Rented                                   |
| <b>Wiring</b>                                                                                                                                                                                                                                                                        | Amp. Service                                                                                                                      | Replacement Date                                                                                                                                                                                                              | Certified    Date filed                                  |
| <input type="checkbox"/> Original Wiring                                                                                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Heating</b>                                                                                                                                                                                                                                                                       |                                                                                                                                   | Approved Permanent                                                                                                                                                                                                            |                                                          |
| <input type="checkbox"/> Original Furnace<br>Replacement Date:                                                                                                                                                                                                                       |                                                                                                                                   | <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood or Coal Burning System<br><input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other (Specify) |                                                          |
| Are any appliances used to aid primary heating system? (e.g. space heaters, wood burning stoves)<br><input type="checkbox"/> No <input type="checkbox"/> Yes    If "yes", complete the following:                                                                                    |                                                                                                                                   |                                                                                                                                                                                                                               |                                                          |
| Heating Unit                                                                                                                                                                                                                                                                         | Make                                                                                                                              | Model                                                                                                                                                                                                                         |                                                          |
| Approved by                                                                                                                                                                                                                                                                          | <input type="checkbox"/> CSA <input type="checkbox"/> Other (Specify)                                                             |                                                                                                                                                                                                                               |                                                          |
| Type of Fuel                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Oil <input type="checkbox"/> Other (Specify) |                                                                                                                                                                                                                               |                                                          |
| Installed By                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Self <input type="checkbox"/> Professional <input type="checkbox"/> Other (Specify)                      |                                                                                                                                                                                                                               |                                                          |
| Has installation been inspected by a Fire Department Official or Building Code Inspector and approved?<br><input type="checkbox"/> No <input type="checkbox"/> Yes - When?<br>If the answer is "No", please attach separate completed "Solid Fuel Heating Questionnaire" (CSIO 303). |                                                                                                                                   |                                                                                                                                                                                                                               |                                                          |

Is there modern plumbing?     Yes     No. If "No", give details

Is there a full masonry basement or a concrete slab?     Yes     No. If "No", give details

Are there any business pursuits on the premises or storage of business property?     Yes     No  
 If "Yes" describe

**Details of Additional Coverages**    Jewellery, Furs, Fine Arts, Cameras valued over \$1500 require appraisal or bill of sale.

| Cover Required | Description of Item | Value | Amount of Insurance |
|----------------|---------------------|-------|---------------------|
|                |                     |       |                     |
|                |                     |       |                     |
|                |                     |       |                     |
|                |                     |       |                     |
|                |                     |       |                     |
|                |                     |       |                     |

## Liability Coverages

Coverages include Bodily Injury and Property Damage Liability; Medical Payments (\$1,000.00); Voluntary Compensation for Damage to Property (\$500.00); Personal Liability; Fire Legal Liability; Custom Farming; Employers Liability for Residence Employees.

### I. Limits of Liability required:

|    | <u>Coverages</u>                                                |             | <u>Limits of Liability</u>            | <u>Premium</u> |
|----|-----------------------------------------------------------------|-------------|---------------------------------------|----------------|
| A. | Bodily Injury Liability and Property Damage Liability inclusive | \$          | each occurrence or accident aggregate | \$             |
| M. | Medical Payments                                                | \$ 1,000.00 | each person                           | \$ INCLUDED    |
| N. | Voluntary Compensation for damage to property                   | \$ 500.00   | each occurrence                       | \$ INCLUDED    |

Optional Coverages include Employers Liability – Farm Employees; Voluntary Compensation Benefits – Residence and Farm Employees; and Non-Owned Automobile Liability.

|    |                                                                                                                                                                          |                                                             |                                      |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|----|
| C. | 1) Employers' Liability (per Rider No. FSE 10A)                                                                                                                          | \$                                                          | one person any one accident          | \$ |
|    |                                                                                                                                                                          | \$                                                          | two or more persons any one accident |    |
|    | 2) Voluntary Compensation Benefits per Rider No. FSE 10B) may only be purchased in conjunction with Employers' Liability Coverage – Amount of Weekly indemnity \$150.00. |                                                             |                                      |    |
|    | Coverage Required:                                                                                                                                                       | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |                                      | \$ |

|                                |    |              |                         |
|--------------------------------|----|--------------|-------------------------|
| Non-Owned Automobile Liability | \$ | one accident | \$                      |
| <b>Minimum Premium \$</b>      |    |              | <b>Total Premium \$</b> |

| II. <u>COVERAGE A</u>                                                                                              | <u>No. of Acres</u>                                         | <u>No. of Residences</u>               | <u>Premium</u>                 |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|--------------------------------|
| 1. Principal Farm Premises:                                                                                        |                                                             |                                        | \$                             |
| 2. Other Farm Premises:<br>– operated by Applicant<br>– rented or leased to Others                                 |                                                             |                                        | \$<br>\$                       |
| 3. Residences (not on farm premises):                                                                              |                                                             |                                        |                                |
|                                                                                                                    | <u>Location</u>                                             | <u>Occupied by Insured or Tenant</u>   | <u>No. of Families therein</u> |
|                                                                                                                    | (i)                                                         |                                        | \$                             |
|                                                                                                                    | (ii)                                                        |                                        | \$                             |
|                                                                                                                    | (iii)                                                       |                                        | \$                             |
| 4. Custom Farming:                                                                                                 | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | <u>Give Estimated Annual Receipts:</u> | \$                             |
|                                                                                                                    |                                                             | \$                                     | \$                             |
| 5. a) Watercraft in excess of:                                                                                     |                                                             | } Please describe:                     |                                |
| i) 24 H.P. Outboard Motor or combination of outboard motors in excess of 24 H.P. used with a single watercraft; or |                                                             |                                        | \$                             |
| ii) 50 H.P. Inboard or Inboard/Outboard Motor; or                                                                  |                                                             |                                        | \$                             |
| iii) 27 feet (8m.) in overall length                                                                               |                                                             |                                        | \$                             |
| b) Sailboats (including auxiliary power)                                                                           |                                                             |                                        | \$                             |
| 6. Recreational Vehicles: (Describe in detail using separate form if necessary)                                    |                                                             |                                        | \$                             |

| III. <u>COVERAGE C</u>    | <u>No. of Employees</u> | <u>Estimated Annual Payroll</u> | <u>Rate per \$1,000.</u> |
|---------------------------|-------------------------|---------------------------------|--------------------------|
| 1. Employers' Liability   |                         |                                 |                          |
| a) FULL TIME EMPLOYEES    |                         | \$                              | \$                       |
| b) OCCASIONAL EMPLOYEES   |                         | \$                              | \$                       |
| 2. Voluntary Compensation |                         |                                 |                          |
| a) FULL TIME EMPLOYEES    |                         |                                 |                          |
| i) Residence              |                         | \$                              | \$                       |
| ii) Other farm operations |                         | \$                              | \$                       |
| b) OCCASIONAL EMPLOYEES   |                         |                                 |                          |
| i) Residence              |                         | \$                              | \$                       |
| ii) Other farm operations |                         | \$                              | \$                       |