



Cowan Insurance Group  
 705 Fountain Street North  
 PO Box 1510  
 Cambridge ON N1R 5T2  
 519-650-6360

NOTE: INSURANCE IS NOT IN EFFECT UNTIL COWAN INSURANCE GROUP ISSUES A BINDER. A FULLY COMPLETED CSIO APPLICATION IS REQUIRED PRIOR TO BINDING

**BROKER INFORMATION**

Name of Broker: \_\_\_\_\_ Date(MM/DD/YYYY): \_\_\_\_\_  
 Brokerage Name and City: \_\_\_\_\_ Broker Email: \_\_\_\_\_  
 Broker Telephone #: \_\_\_\_\_ Return Fax: \_\_\_\_\_

**High Risk Residential Quote Request**

NAME OF APPLICANTS: \_\_\_\_\_

Location - Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ P.C: \_\_\_\_\_

Age of Applicant: \_\_\_\_\_ Years Insured: \_\_\_\_\_ Age of Home: \_\_\_\_\_

<b>Year Updated:</b> _____	<b>Type of Heating:</b> <input type="checkbox"/> Furnace Central <input type="checkbox"/> Woodstove (Requires Questionnaire) <input type="checkbox"/> Combination with Wood <input type="checkbox"/> Electric <input type="checkbox"/> Oil Furnace** <input type="checkbox"/> Other Auxiliary Heat**: _____	<b>OCCUPANCY*</b> <input type="checkbox"/> Homeowners <input type="checkbox"/> Condominium <input type="checkbox"/> Tenants <input type="checkbox"/> Seasonal <input type="checkbox"/> Rental Dwelling <input type="checkbox"/> Rented Condo <input type="checkbox"/> Rented Seasonal <input type="checkbox"/> Vacant	<b>STRUCTURE TYPE</b> <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Rowhouse <input type="checkbox"/> Pre Fab <input type="checkbox"/> Fire Resistant <input type="checkbox"/> Multi Family # _____	<b>CONSTRUCTION</b> <input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Stone <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other: _____
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Fuel Used \_\_\_\_\_

Value of Home: (100% of Calculator) \_\_\_\_\_ Contents Limits: \_\_\_\_\_ Liability Limits: \_\_\_\_\_

Electrical: Year Updated \_\_\_\_\_  60 amp  100 amp  200 amp  Breakers  Fuses

Type of Wiring: Year Updated \_\_\_\_\_  Copper \_\_\_\_\_ %  Aluminum \_\_\_\_\_ %  Knob & Tube \_\_\_\_\_ %  Within 1000ft of Hydrant

Plumbing: Year Updated \_\_\_\_\_  Copper \_\_\_\_\_ %  Plastic \_\_\_\_\_ %  Galvanized \_\_\_\_\_ %  Within 8km of Fire Hall

Age of Roof: \_\_\_\_\_ Roofing Material: \_\_\_\_\_  Unprotected

Coverage Required  Sewer Back up  Rental Income \$ \_\_\_\_\_  Increased Rental Content \$ \_\_\_\_\_  
 Increased Improvements & Betterments  \$50,000 or  \$100,000  Scheduled Articles \_\_\_\_\_

Other Coverage Required (describe in remarks): \_\_\_\_\_

**List all claims in the past five years:**

Date (MM/DD/YYYY)	Description	Amount Paid	Date (MM/DD/YYYY)	Description	Amount Paid
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason standard market chose not to renew: (Required) \_\_\_\_\_

Number of Non-Payments in the last 3 years? \_\_\_\_\_

Are there Update issues? If Yes Explain: \_\_\_\_\_  Yes  No

Has the applicant ever had insurance cancelled mid-term? If yes, reason: \_\_\_\_\_  Yes  No

Is the property for sale? \_\_\_\_\_  Yes  No

How long has applicant lived at this location? \_\_\_\_\_

How many mortgage/liens/encumbrances are on the property? \_\_\_\_\_ Amount of each: \$ \_\_\_\_\_

Occupation? \_\_\_\_\_

Do any business pursuits or farming take place on the premises? (if yes, describe) \_\_\_\_\_  Yes  No

Are there any farm buildings on the premises? (if yes, describe) \_\_\_\_\_  Yes  No

Are there any roomers/boarders on premises? If yes How many? \_\_\_\_\_  Yes  No

Remarks \_\_\_\_\_