



EZITV 2010 – HOMEOWNERS DATA COLLECTION FORM

APPLICANT INFORMATION				
Name(s):				
Mailing Address:				
Insured Location:				
Fire hydrants: <input type="checkbox"/> within 1000 ft <input type="checkbox"/> over 1000 ft		Distance to firehall: <input type="checkbox"/> within 8 km <input type="checkbox"/> within 13 km		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Home Ph:	Bus. Ph:	Fax:	Cell:	
Email:			Date(s) of Birth:	

If you or any member of your household has had any claims or losses in the past 5 years, please provide the date of the claims and the amount paid, or state NONE: _____

Has any insurer cancelled, declined or refused to renew or issue habitational insurance to you in the past 5 yrs?

YES NO. If YES please explain: _____

Has any insurer imposed any restrictions or conditions on your insurance in the past 5 years? YES NO

If YES please explain: _____

Previously, have you ever had insurance? YES NO. If YES provide previous policy number and company: _____

How many years have you had insurance?: _____

Have you lived in your current residence for at least 5 yrs? YES NO. If NO provide previous address: _____

Is there going to be a mortgage? YES NO. If YES provide institution name and address: _____

Please provide name, telephone and fax number of lawyer: _____

Please indicate possession date or current policy expiry date: _____

Northgate Shopping Centre 1399 McPhillips Street Winnipeg, MB R2V 3C4 Ph. (204) 334-4319 Fax. (204) 339-0011	Garden City Square B-925 Leila Avenue Winnipeg, MB R2V 3J7 Ph. (204) 338-3888 Fax. (204) 338-9981	Madison Square 130-1630 Ness Ave Winnipeg, MB R3J 3X1 Ph. (204) 885-3200 Fax: (204) 582-3468	Corydon @ Cockburn 749 Corydon Avenue Winnipeg, MB R3M 0W5 Ph. (204) 284-5142 Fax. (204) 452-8012	Munroe Shopping Centre 515 London Street Winnipeg, MB R2K 2Z4 Ph. (204) 663-3881 Fax. (204) 663-3936
---	--	---	--	---

HOME DETAILS				
Age of Home (yr. built):_____ Total Living Area Sq. Footage (exclude basement, unless Bi-Level):_____				
Are there any smokers residing in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you have a Water Sensor installed (automatically turns off water in case of water leak)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you have a burglar alarm? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, is it monitored? <input type="checkbox"/> YES <input type="checkbox"/> NO.				
If YES, was it professionally installed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you have a central fire alarm? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, is it monitored? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, was it professionally installed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
You may qualify for certain discounts if you provide authorization to do a credit check: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Is there a woodstove, freestanding fireplace or fireplace insert in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you work from home, have a home office, run a business, or do any other income producing activities on your premises? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Type of Heat:	<input type="checkbox"/> Hot Air	<input type="checkbox"/> Hot water/boiler	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Radiant floor heat
Fuel Used:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	<input type="checkbox"/> Oil
	<input type="checkbox"/> Other (explain):_____			
Air Conditioning:	<input type="checkbox"/> Central Air	<input type="checkbox"/> In Wall Air Conditioning	<input type="checkbox"/> Whole House Fan	
	<input type="checkbox"/> Extra Air Conditioner	<input type="checkbox"/> Dehumidifier System		
Number of Stories:	<input type="checkbox"/> 1 (bungalow)	<input type="checkbox"/> 1 ½ (cape)	<input type="checkbox"/> 1 ¾ (cape)	<input type="checkbox"/> 2 (colonial 2 storey)
	<input type="checkbox"/> Bi-Level	<input type="checkbox"/> Split-Level	<input type="checkbox"/> Other:_____	
Style:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex (2 family)	<input type="checkbox"/> Triplex (3 family)	
	<input type="checkbox"/> Cottage	<input type="checkbox"/> A-Frame	<input type="checkbox"/> Log	
	<input type="checkbox"/> Semi-Detached (townhouse, end unit)		<input type="checkbox"/> Semi-Detached (townhouse) Middle Unit	
	<input type="checkbox"/> Other (explain):_____			

CONSTRUCTION TYPE: (select one only)				
<input type="checkbox"/> Frame / Wood (framing, wood)	<input type="checkbox"/> Log	<input type="checkbox"/> Masonry / Brick	<input type="checkbox"/> Other (explain):_____	

CONSTRUCTION QUALITY: (select one only – see descriptions below)
<input type="checkbox"/> Average / Standard <i>*Standard construction home with basic builder's grade materials and finishing.</i>
<input type="checkbox"/> Above average / Upgraded <i>*Standard construction home with upgraded finishes (high quality materials and finishes but still using builder's standard plans).</i>
<input type="checkbox"/> Expensive / Custom <i>*Custom built home (custom design home with high quality materials and finishes).</i>
<input type="checkbox"/> Very expensive / Luxury <i>*Custom built home with very high end materials and finishes. Architects and designers may have been flown in to work on home.</i>

PHYSICAL SHAPE: (select one only)			
<input type="checkbox"/> Square	<input type="checkbox"/> Rectangular	<input type="checkbox"/> L-Shaped	<input type="checkbox"/> Other (explain): _____

PRIMARY EXTERIOR SIDING: (select one only)				
<input type="checkbox"/> Stucco	<input type="checkbox"/> Wood Siding	<input type="checkbox"/> Vinyl Siding	<input type="checkbox"/> Aluminum Siding	<input type="checkbox"/> Cedar Siding
<input type="checkbox"/> Brick / Masonry	<input type="checkbox"/> Veneer / Brick	<input type="checkbox"/> Solid Stone	<input type="checkbox"/> Veneer / Stone	<input type="checkbox"/> Half Log Siding
<input type="checkbox"/> Log (<11" diameter)	<input type="checkbox"/> Log (>11" diameter)	<input type="checkbox"/> Other (explain): _____		

PRIMARY ROOF MATERIAL: (select one only)				
<input type="checkbox"/> Asphalt shingle	<input type="checkbox"/> Cedar shingle / Shake	<input type="checkbox"/> Tin (metal corrugated)	<input type="checkbox"/> Tar and gravel	<input type="checkbox"/> Other (explain): _____

BATHROOMS: (enter NUMBER of each type of bathroom (not including basement bathrooms))					
—	# of – Full Bath (sink/toilet/bath/shower)	—	# of – ½ Bath (sink/toilet)	—	# of ¾ Bath (sink/toilet/shower)
BASEMENT BATHROOMS: (enter NUMBER of each type of basement bathroom)					
—	# of – Full Bath (sink/toilet/bath/shower)	—	# of – ½ Bath (sink/toilet)	—	# of ¾ Bath (sink/toilet/shower)

DESCRIPTION OF LOCALE: (select one only)				
<input type="checkbox"/> Winnipeg (city, medium)	<input type="checkbox"/> Brandon, Winkler, Selkirk, Portage, Steinbach, Flin Flon, Dauphin, Thompson (city, small)			
<input type="checkbox"/> Town	<input type="checkbox"/> Rural	<input type="checkbox"/> Island, Access by boat only	<input type="checkbox"/> Island, Access by bridge	<input type="checkbox"/> Other (explain): _____

GARAGE: (typical sq. footage: 1 car = 250 sq. ft, 2 car = 500 sq. ft.)				
<input type="checkbox"/> 1 Car	<input type="checkbox"/> 2 Car	<input type="checkbox"/> 3 Car	<input type="checkbox"/> 4 Car	Total square footage: _____
<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Attached Garage (interior finished - same quality as house)			
<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Detached Garage (interior finished - same quality as house)			
<input type="checkbox"/> Built-in Garage (ie; living space over attached garage)	<input type="checkbox"/> Built-in Garage (interior finished – same quality as house)			
<input type="checkbox"/> Basement Garage (ie; attached garage in basement)	<input type="checkbox"/> Basement Garage (interior finished – same quality as house)			

CARPORTS: (typical sq. footage: 1 car = 250 sq. ft, 2 car = 500 sq. ft.)				
<input type="checkbox"/> 1 Car	<input type="checkbox"/> 2 Car	<input type="checkbox"/> 3 Car	<input type="checkbox"/> 4 Car	Total square footage: _____
<input type="checkbox"/> Attached Carport <input type="checkbox"/> Detached Carport				

PORCH:			
<input type="checkbox"/> Covered / Open Porch	<input type="checkbox"/> Enclosed Porch	<input type="checkbox"/> Screened Porch	Total square footage: _____

DECK:		
<input type="checkbox"/> Pressure treated (wood)	<input type="checkbox"/> Cedar (specialty wood)	<input type="checkbox"/> Plastic composite (synthetic lumber)
<input type="checkbox"/> Rooftop deck (deck, roof)	Total square footage of all decks: _____	

ADDITIONAL AREAS: (select all that apply and enter square footage)			
<input type="checkbox"/> Useable (attic finished) Space	Sq. footage: _____	<input type="checkbox"/> Indoor swimming pool	Sq. footage: _____
<input type="checkbox"/> Useable (attic unfinished) Space	Sq. footage: _____	<input type="checkbox"/> Cabover (bonus room)	* Sq. footage: _____ *do not include this square footage in the total sq. footage of home
<input type="checkbox"/> Balcony	Sq. footage: _____	<input type="checkbox"/> Pergola (attached to home)	Sq. footage: _____
<input type="checkbox"/> Breezeway	Sq. footage: _____	<input type="checkbox"/> Solarium	Sq. footage: _____
<input type="checkbox"/> Other (explain): _____	Sq. footage: _____	<input type="checkbox"/> Other (explain): _____	Sq. footage: _____

BASEMENT	
____ % Slab	____ % Crawlspace
____ % Full Basement	<input type="checkbox"/> Walkout Basement
____ % Basement Finished	
<input type="checkbox"/> Partially Finished Basement (very basic finishing - basement not completed)	
<input type="checkbox"/> Finished as Basement (basic finishing)	
<input type="checkbox"/> Finished Lower Level (high level of finishing on par with rest of home)	

HOME SYSTEMS UPDATES: ***PLEASE FILL OUT ONLY IF HOME OLDER THAN 25 YEARS***			
Heat:	Age of Furnace / Boiler: _____	When Last Inspected: _____	
Electrical:	<input type="checkbox"/> Circuit Breakers	<input type="checkbox"/> Fuses	<input type="checkbox"/> Circuit Breakers and Fuses (mixture)
Type:	____ % Copper	____ % Aluminum	____ % Knob and tube
Amp Service:	<input type="checkbox"/> 60 amp	<input type="checkbox"/> 100 amp	<input type="checkbox"/> 200 amp
Age of Electrical System: _____	State any Updates: _____		
Plumbing:	Type: ____ % Copper	____ % Galvanized	____ % Plastic
	Age of Plumbing System: _____	State any Updates: _____	
Roof:	Age of Shingles: _____	State any Updates: _____	
Has home been completely gutted within last 40 years? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the home listed on the Historic Registry? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*******OFFICE USE ONLY*******

<input type="checkbox"/> Standard	<input type="checkbox"/> Broad	<input type="checkbox"/> Comprehensive	Deductible \$ _____	<input type="checkbox"/> Sewer Backup \$ _____
<input type="checkbox"/> Glass Rider (ded. \$ _____)	<input type="checkbox"/> Bylaws \$10,000	<input type="checkbox"/> Other Floater \$ _____	<input type="checkbox"/> Other Floater \$ _____	



REIDER INSURANCE

SEWER BACKUP APPLICATION

Insured: _____ Policy # _____

Address: _____ Postal Code: _____

1. How long have you lived at this location _____ (state year – 19??)

Do you have installed in your residence:

2. A Sewer Backwater Valve? Yes ___ No ___ Date Installed: _____

If YES which type of valve (check one)

___ Backwater Valve installed in the main sewer line with a flapper which protects all basement plumbing and catch basin.

___ Throat or Float type Backwater Valve (ball type) installed in the catch basin which protects just the catch basin.

3. A Sump Pit? Yes ___ No ___ Date Installed: _____

4. An Automatic Sump Pump? Yes ___ No ___ Date Installed: _____

On Many older houses, the eaves trough downspouts were directed back into the basement and connected to the basement sewer pipe installation.

5. Are the downspouts connected directly to your weeping tiles or sewer drain? Yes ___ No ___

If YES

a) Have the downspouts been disconnected from the sewer system (basement plumbing) and redirected to your yard? Yes ___ No ___

b) Are the downspout pipes that entered the basement now capped? Yes ___ No ___

6. Does your residence have plumbing in the basement (shower, toilet, sink)? Yes ___ No ___

7. How far away from your residence have the eaves trough downspouts been extended? Feet ___ Meters ___

8. Has your residence had any basement flooding or water damage in the past? Yes ___ No ___

9. Has your residence ever had a sewer backup incident during your occupancy? Yes ___ No ___

10. Has your residence ever had a sewer backup incident prior to your occupancy? Yes ___ No ___

11. If the answer to Question #8, #9 or #10 is YES give details below with regards to damages incurred to the best of your knowledge (Please indicate all occurrences separately if you have had more then one problem)

a) Date of Loss _____ Amount of Damages _____

b) What was the cause of the water damage? _____

c) Was the damage insured? Yes ___ No ___

if the answer to question #11c is YES please give details below

Amount of Insurance: _____ Insurance Company: _____ Policy Number: _____

d) Was the damage repaired? Yes ___ No ___

e) What corrective measures have been taken? _____

Northgate Shopping Centre 1399 McPhillips Street Winnipeg, MB R2V 3C4 Ph. (204) 334-4319 Fax. (204) 339-0011	Garden City Square B-925 Leila Avenue Winnipeg, MB R2V 3J7 Ph. (204) 338-3888 Fax. (204) 338-9981	Madison Square 130-1630 Ness Ave Winnipeg, MB R3J 3X1 Ph. (204) 885-3200 Fax: (204) 582-3468	Corydon @ Cockburn 749 Corydon Avenue Winnipeg, MB R3M 0W5 Ph. (204) 284-5142 Fax. (204) 452-8012	Munroe Shopping Centre 515 London Street Winnipeg, MB R2K 2Z4 Ph. (204) 663-3881 Fax. (204) 663-3936
---	--	---	--	---

I/We hereby declare that to the best of my/our knowledge and belief, all the answers provided above are in every respect true and I/We hereby apply for Sewer Backup Coverage based on the truth of said answers.

I/We hereby authorize that reports containing claims history may be sought and exchanged in connection with this application for insurance or renewal, extension or variation thereof.

Insureds Signature: _____ Date: _____ Limit Requested: _____

Replacement Cost:
Actual Cash Value:

Co-Insureds Signature: _____

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE

I/We, the undersigned, hereby acknowledge that I/We have declined Sewer Backup Coverage.

Insureds Signature: _____ Date: _____

Co-Insureds Signature: _____

Home Basement with Sump Pump and Backwater Valve Installation

