

Client Details		
Name (Full Legal name)	Date of Birth (MM/DD/YYYY)	Phone Number and Email Address
1.		
2.		
3.		
4.		
Location Address:		
Mailing Address (If different):		
Additional Named Insured (ANI):		
Union Member <input type="checkbox"/> Yes <input type="checkbox"/> No If Applicable, provide details:		

Previous Address ( If resided at current residence for less than 3 years )	
Previous Address:	How many years have you resided at this address:

Previous Insurance History			
Insurer Name:	Policy #	Effective date: (MM/DD/YYYY)	
		Expiry date: (MM/DD/YYYY)	
Any claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details:			
Any claims that you are aware of at the new location: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:			
Have you ever been cancelled, refused, or declined insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:			
*If Applicable			
Effective Date	Subject Closing Date	Possession Date	Move in Date
Vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide additional details.		How long has it been vacant: How long do you expect it to be vacant:	
Insured Since:		Insured w/Broker Since:	
Property Insured Since:		Occupied Since:	
Mortgage / Credit Consent			
Mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Credit Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No Verbal / Written	
Number of mortgages and/or secured lines of credit:			
Name of financial institution:			

House Details			
Style of home (1 story, 2 story, bi-level):		Number of kitchens:	
Type of home (detached, semi-detached)		Number of bathrooms:	
Year built:		Number of smoke detectors:	
Sq. ft. per floor:		Number of fire extinguishers:	
Type of exterior siding:		Monitored Burglary Alarm (Yes / No):	
Is there a basement or crawlspace (% Finished • % Unfinished)		Garage or carport: (# of cars)	
		<input type="checkbox"/> Attached <input type="checkbox"/> Built In	
Any decks or porches: (sizes in sq. feet)			
Any custom features:			
Any detached structures (please list):			
Fire Protection			
Within 300m of a fire hydrant: <input type="checkbox"/> Yes <input type="checkbox"/> No		Within 8km of responding fire hall: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Roof
<input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Clay tile <input type="checkbox"/> Aluminum <input type="checkbox"/> Tar and gravel <input type="checkbox"/> Steel <input type="checkbox"/> Torch on membrane <input type="checkbox"/> Wood shake
Year of roof update:
Dwelling Construction Type
<input type="checkbox"/> Wood frame <input type="checkbox"/> Concrete <input type="checkbox"/> Log <input type="checkbox"/> Panabode <input type="checkbox"/> Steel

Heating		
<b>Primary Heat Type:</b>	<b>Auxiliary Heat Type: (if applicable)</b>	<b>Oil Tank (if applicable)</b>
<input type="checkbox"/> Central Furnace <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Oil <input type="checkbox"/> Baseboards <input type="checkbox"/> Ceiling radiant <input type="checkbox"/> In-floor radiant <input type="checkbox"/> Woodstove # of cords of wood burned annually: _____ <input type="checkbox"/> Wood insert # of cords of wood burned annually: _____ <input type="checkbox"/> Pellet stove	<input type="checkbox"/> Woodstove <input type="checkbox"/> Wood insert <input type="checkbox"/> Pellet stove  <b>Woodstove/Insert (if applicable)</b> # of cords of wood burned annually: _____ How often is chimney cleaned: _____ Professionally installed: <input type="checkbox"/> Yes <input type="checkbox"/> No WETT Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> In ground <input type="checkbox"/> Above ground  Tank information: <input type="checkbox"/> Single wall <input type="checkbox"/> Double wall Year manufactured: _____
Year primary heat was updated:	Year auxiliary heat was updated:	

Electrical			Plumbing	
<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Knob and tube <input type="checkbox"/> Other, please advise	<input type="checkbox"/> Breakers <input type="checkbox"/> Fuses	<input type="checkbox"/> 60 amp <input type="checkbox"/> 100 amp <input type="checkbox"/> 200 amp <input type="checkbox"/> Other, please advise	<input type="checkbox"/> Copper <input type="checkbox"/> Polybutylene (PolyB) <input type="checkbox"/> Galvanized <input type="checkbox"/> PEX <input type="checkbox"/> PVC <input type="checkbox"/> Other, please describe	<b>Hot water tank age: _____</b> <input type="checkbox"/> Tank <input type="checkbox"/> On demand <input type="checkbox"/> Does the home have a boiler
Year of any updates to electrical:			Year of any plumbing updates:	
			<input type="checkbox"/> Septic or <input type="checkbox"/> City sewer:	

Water Prevention Sump pump and/or Back flow valve		
Sump pump <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pedestal <input type="checkbox"/> Submersible <input type="checkbox"/> Floor sucker <input type="checkbox"/> Water powered	Back flow valve: <input type="checkbox"/> Yes <input type="checkbox"/> No
Aux. power:	<input type="checkbox"/> None <input type="checkbox"/> Battery <input type="checkbox"/> Generator	If yes: <input type="checkbox"/> Gate <input type="checkbox"/> Flapper

Additional Questions	
Is the dwelling under construction / renovations: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide additional information:	
Vacant: <input type="checkbox"/> Y <input type="checkbox"/> No	How long has it been vacant:
If yes, provide additional details.	How long do you expect it to be vacant:
Number of families living in the home: _____	
Any: <input type="checkbox"/> Rental Suites <input type="checkbox"/> Roommates <input type="checkbox"/> Borders <input type="checkbox"/> Students If yes, please provide additional information:	
Rental income: \$ _____	Landlord contents: \$ _____
Home Base Business <input type="checkbox"/> Yes <input type="checkbox"/> No • Name of Business: • Type of Business: • Clients visit home: <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you have a current CGL <input type="checkbox"/> Yes <input type="checkbox"/> No • Website: _____ • Any Farming on Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No → If yes: <input type="checkbox"/> In ground <input type="checkbox"/> Above ground Hot tub: <input type="checkbox"/> Yes <input type="checkbox"/> No Trampoline: <input type="checkbox"/> Yes <input type="checkbox"/> No Dock and/or Wharf: <input type="checkbox"/> Yes <input type="checkbox"/> No Earthquake coverage required: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of cannabis plants grown on premises: _____

To obtain a quote, please complete this form and return via email to: [info@kvins.ca](mailto:info@kvins.ca)  
*The right products, great service, the best people*