



Client Details for Tenants Application

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 ☐ Yes ☐ 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	If yes, provide details:	
Have you ever been cancelled, refused, or declined insurance?	If yes, provide details:	

*If Applicable

Credit Consent

Personal Property Limit

Move in Date:	Credit Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No Verbal / Written	Contents Limit for Personal Property: \$ _____
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House Details

Style of Home (1 story, 2 story, bi-level, Condo):	Number of Kitchens:	
Type of Home (detached, semi-detached):	Number of Bathrooms:	
Year Built:	Number of Smoke	Number of Fire
Total Living Area (Square Feet):	Garage or Carport (# of	<input type="checkbox"/> Attached <input type="checkbox"/> Built-in
Type of Exterior Siding:	Basement or	% Finished: _____

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
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Heating						
Primary Heat Type:		Auxiliary Heat Type: (if applicable)			Oil Tank (if applicable)	
<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"/> Woodstove <input type="checkbox"/> Wood insert <input type="checkbox"/> Pellet stove Woodstove/Insert (if applicable) # 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:				
Dwelling Construction	Roof	Plumbing		Electrical		
<input type="checkbox"/> Wood frame <input type="checkbox"/> Log <input type="checkbox"/> Steel <input type="checkbox"/> Panabode <input type="checkbox"/> Concrete	<input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood shake <input type="checkbox"/> Tar and gravel <input type="checkbox"/> Torch on membrane	<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	Hot water tank age: _____ <input type="checkbox"/> Tank <input type="checkbox"/> On demand <input type="checkbox"/> Does the home have a boiler	<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: _____
	Year of Roof Update:	Year of any plumbing updates:		Year of any updates to electrical:		
		<input type="checkbox"/> Septic or <input type="checkbox"/> City sewer:				
Additional Questions						
Is the dwelling under construction / renovations:		If yes, provide additional information:				
Number of families in the home:		Any: <input type="checkbox"/> Roommates <input type="checkbox"/> Borders <input type="checkbox"/> Students If yes, please provide additional information:				
Home Based 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 current				Monitored burglary alarm: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Alarm: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinkler System: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Earthquake coverage required: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Pool: _____ <input type="checkbox"/>		
Block Watch <input type="checkbox"/>	Walled Community	Dead Bolt Locks	24hr Video System	Secured Entrance	Security Guard	Intercom <input type="checkbox"/>

To obtain a quote, please complete this form and return via email to: info@kvins.ca

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