

ACKNOWLEDGEMENT OF POLICY CHANGE - HABITATIONAL

Policy Number ▶

| | | | |
|--|---|---|--|
| Insurance Company | Check if a Company issued endorsement is required? <input type="checkbox"/> | <input type="checkbox"/> Premium change, if any to follow <input type="checkbox"/> Estimated Premium: Additional \$ | Return \$ |
| Insured's Full Name and Postal Address | Agent/Broker | Code(s) | Insured's New Telephone Number(s) Res. _____ Bus. _____ Ext. _____ |

Date of Change ▶ From Time a.m. p.m. Date (Y/M/D) Date (Y/M/D) To 12:01 a.m. Y M D Y M D All times are local times at the insured's postal address stated herein.

Name changed as shown above - Give previous name and reason for change

Address changed as shown above.

*** Note: If change of ownership, provide new application.**

| Loss Payee (Name, address and postal code required) | Nature of Interest | Identify Property |
|---|--------------------|-------------------|
| Added: _____ | | |
| Deleted: _____ | | |
| <input type="checkbox"/> Release Attached | | |

For all other Loss Payee changes use Remarks section of this form.

LOCATION Added Deleted _____ Changed To ▼

Property Address Postal Code Seen by Agent/Broker no yes

RATING INFORMATION CHECK EVERY APPROPRIATE BOX

| | | | |
|--|---|--|--|
| Occupancy <input type="checkbox"/> Principal Residence <input type="checkbox"/> Seasonal Residence <input type="checkbox"/> No. of Families <input type="checkbox"/> No. of Apts. <input type="checkbox"/> Condominium <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Rooms Rented to Others <input type="checkbox"/> Commercial <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant <input type="checkbox"/> Under Construction | Structure Type <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Townhouse/Rowhouse <input type="checkbox"/> Mobile Home* <input type="checkbox"/> _____ Protection <input type="checkbox"/> Within 300m of a hydrant <input type="checkbox"/> Within 8km of the responding firehall at _____ <input type="checkbox"/> Unprotected | Construction <input type="checkbox"/> Masonry <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Fire Resistive <input type="checkbox"/> _____ Heating Primary Auxiliary <input type="checkbox"/> Furnace (central) <input type="checkbox"/> <input type="checkbox"/> Electric <input type="checkbox"/> <input type="checkbox"/> Combination Furnace <input type="checkbox"/> <input type="checkbox"/> Add on unit <input type="checkbox"/> <input type="checkbox"/> Space Heater <input type="checkbox"/> <input type="checkbox"/> Stove/Fireplace Insert <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> Fuel used _____ | Special Company Rating Discounts/Surcharges _____ Premium Table _____ Original Year Building _____ Constructed/Manufactured _____ If constructed over 25 years ago, indicate year the following were last renewed: Electrical _____ Heating _____ Plumbing _____ Roofing _____ |
|--|---|--|--|

* Note: If answer to any of the above is other than shown or if "other" is checked explain in Remarks * Mobile home give foundation/lie downs in Remarks

Building Valuation Form attached Or explain basis for valuation Condominium or Tenants Total Area Occupied by Insured Number of Rooms

COVERAGE Added Deleted Changed To ▼

| Package Forms | Property Address | | Postal Code | | | | |
|---------------|------------------|--|-------------|--|--|--|--|
|---------------|------------------|--|-------------|--|--|--|--|

| Dwelling Building | Detached Private Structures | Personal Property | Additional Living Expense | Legal Liability | Voluntary Medical Payments | Voluntary Property Damage | Deductible |
|-------------------|-----------------------------|-------------------|---------------------------|-----------------|----------------------------|---------------------------|------------|
| \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

| Other Forms | Property Address | | Postal Code | | | | |
|-------------|------------------|--|-------------|--|--|--|--|
|-------------|------------------|--|-------------|--|--|--|--|

| Dwelling Building | Form | Personal Property | Form | Legal Liability | Voluntary Medical Payments | Voluntary Property Damage | Deductible |
|-------------------|------|-------------------|------|-----------------|----------------------------|---------------------------|------------|
| \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

REMARKS AND ALL ADDITIONS, DELETIONS OR CHANGES OF OTHER COVERAGES OR LIABILITY EXPOSURES:

Signature of Insured (If requested) Date (Y/M/D) Signature of Agent/Broker

Y M D