



CRESTON VALLEY INSURANCE

A Division of Growth Financial Corp.

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? Yes No

If Yes, provide details:

Any claims that you are aware of at the new location: Yes No

If yes, provide details:

Have you ever been cancelled, refused, or declined insurance? Yes No

If yes, provide details:

*If Applicable

Move in Date:

Credit Consent

Credit Consent: Yes No Verbal / Written

Personal Property Limit

Contents Limit for Personal Property:

\$ _____

Email: info@cvins.ca

Phone: 250-428-2294

| 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 detectors: |
| Sq. ft. Total Living Area: | Garage or carport: (# of cars) <input type="checkbox"/> Attached <input type="checkbox"/> Built-in |
| Type of exterior siding: | Is there a basement or crawlspace (finished/Unfinished) |
| 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 |

| Heating | | |
|---|--|---|
| Primary Heat Type: | Auxiliary Heat Type: (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 | Oil Tank (if applicable) 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: | |

| Plumbing | |
|--|---|
| <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 | Hot water tank age: _____ <input type="checkbox"/> Tank <input type="checkbox"/> On demand <input type="checkbox"/> Does the home have a boiler |
| Year of any plumbing updates: | |
| <input type="checkbox"/> Septic or <input type="checkbox"/> City sewer: | |

| Roof |
|--|
| <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"/> Clay tile |
| Year of roof update: |

| Electrical | | |
|---|---|--|
| <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 any updates to electrical: | | |

| Dwelling Construction Type |
|---|
| <input type="checkbox"/> Wood frame <input type="checkbox"/> Log <input type="checkbox"/> Steel <input type="checkbox"/> Panabode <input type="checkbox"/> Concrete |

| Additional Questions | |
|--|--|
| Is the dwelling under construction / renovations: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, provide additional information: | |
| Earthquake coverage required: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Fire Extinguishers: _____ | 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 |
| Number of families living in the home: _____ | |
| Any: <input type="checkbox"/> Roommates <input type="checkbox"/> Borders <input type="checkbox"/> Students If yes, please provide additional information: | |
| Home Base Business <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • 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: | 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 Number of cannabis plants grown on premises: _____ Block Watch <input type="checkbox"/> Walled Community <input type="checkbox"/> Dead Bolt Locks <input type="checkbox"/> 24Hr Video System <input type="checkbox"/> Secured Entrance <input type="checkbox"/> Security Guard <input type="checkbox"/> Intercom <input type="checkbox"/> |

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