



o/b 1216592 ON LTD



\*Please note...this is a homeowners insurance quote form. We also have forms available on our website if you are a Tenant/Renter or require insurance for a condominium.

Once you have printed this form and entered your details, please mail it to:

KW Insurance Brokers, 501 Krug Street, Kitchener, ON N2B 1L3

or if you prefer by fax: (519) 744-7664.

Contact Information:

Name: Telephone: (H) (W)

City: ON Postal Code: City: ON Postal Code:

Email:

Mortgage: Yes No

If yes, please check all that apply:

1st 2nd 3rd

Your Date of Birth: (dd/mm/yy)

Spouse Date of Birth: (dd/mm/yy)

Are you a smoker? Yes No

Is your spouse a smoker? Yes No

Location of Property:

Same as above

Year Built:

If not, please enter the address below:

Street:

Square Footage (Living Area):

Finished Basement: Yes No

City:

If yes, square footage is:

Property Details:

Occupancy: Primary Secondary Seasonal Rental

Construction Type: Frame/Stucco Brick Veneer Vinyl/Aluminum Siding Double Brick Stone

Roof Type: Asphalt Shingles - Year Replaced Other

Structure Type: Detached Semi Detached Townhouse Mobile Home Duplex Triplex

Number of Bathrooms: 4PC 3PC 2PC

Heating:

Furnace (Primary): Yes No

Auxiliary: \*Please check all that apply

Furnace Type: Gas Electric Oil

Woodstove: Yes Wood Gas Electric

\*If Oil was selected:

Space Heater: Yes

Age of oil tank: years

Electric: Yes

Tank Location: Inside Outside

Fireplace: Yes Wood Gas Electric

\*Number of fireplaces if more than 1:

Fireplace Insert: Yes No

Central Air: Yes No

Central Vac: Yes No

Electrical Service:

Amp 60 100 100+

Wiring: Copper Aluminum Knob & Tube Unsure

Parking:

Garage Attached: Yes No Size: 1, 2 or 3 cars

Carport Size: 1 or 2 cars

None

Swimming Pool:

Above Ground Inground Size: X Vinyl Liner Concrete

Security Systems: Yes No If yes, is it... Local Monitored

Type: \*Please check all that apply

Fire Burglar Sprinklers Smoke Detectors Other Security

Property Details Continued...

**Please check which are present in your home:**

Skylights Yes No    Wet Bar Yes No    Hot Tub Yes No    Jacuzzi Yes No

**Insurance Details:**

**Present Insurer:** \_\_\_\_\_ **Expiry Date:** (dd/mm/yy) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Number of Years:** \_\_\_\_\_

**If you have no insurance at this time, have you ever had insurance?** Yes No

\*If yes, please enter your previous insurance details below:

**Name:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Claims in the last 5 years?** Yes No

\*If yes, how many: \_\_\_\_\_

**Are any of the above within the last three years?** Yes No

**Approximate dates/type of claims in the last three years:**

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**Current Policy Coverage's:**

**Dwelling:** \$ \_\_\_\_\_ **Detached Private Structures:** \$ \_\_\_\_\_ **Personal Property:** \$ \_\_\_\_\_

**Liability:** \$1,000,000    \$2,000,000

**Special Enhancement Endorsement:**

\*Please check all that are required

- |  |   |
|--|---|
| <input type="checkbox"/> Books, tools and instruments pertaining to a business | <input type="checkbox"/> Jewellery                      |
| <input type="checkbox"/> Securities  | <input type="checkbox"/> Numismatic Property            |
| <input type="checkbox"/> Money or Bullion                                      | <input type="checkbox"/> Stamps and Philatelic Property |
| <input type="checkbox"/> Garden Type Tractors                                  | <input type="checkbox"/> Silverware etc.                |
| <input type="checkbox"/> Watercraft  | <input type="checkbox"/> Bicycle                        |
| <input type="checkbox"/> Animals, birds and fish                               | <input type="checkbox"/> Collectibles                   |

**Additional Information:**

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