

INSURANCE BINDER

Home Insurance

NAMED INSURED(S)

Name(s): _____

Address: _____

ADDRESS OF RISK (if different from mailing address)

INSURER

Name: _____

Police no.: _____

Effective date: _____

Expiry date: _____

HYPOTHECARY CREDITOR

Name: _____

Address: _____

OBJECT OF INSURANCE	FORM	DEDUCTIBLE
<input type="checkbox"/> Homeowner <input type="checkbox"/> Condo unit owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other: _____	<input type="checkbox"/> Specified perils <input type="checkbox"/> Building—Comprehensive form/Contents—Specified perils <input type="checkbox"/> Comprehensive form <input type="checkbox"/> Fire and extended coverage <input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> Secondary residence <input type="checkbox"/> Seasonal dwelling <input type="checkbox"/> Rented dwelling		

INSURING AGREEMENTS

Cost of repairing or rebuilding	AMOUNTS		AMOUNTS
<input type="checkbox"/> SINGLE AMOUNT OF INSURANCE	\$ _____	Improvements and betterments	\$ _____
Building <input type="checkbox"/>	\$ _____	Loss assessment	\$ _____
Detached private structures <input type="checkbox"/>	\$ _____	Legal liability	\$ _____
Personal property <input type="checkbox"/>	\$ _____	Excess liability insurance (Umbrella)	\$ _____
Condo unit <input type="checkbox"/>	\$ _____		

ENDORSEMENTS

AMOUNTS	AMOUNTS
<input type="checkbox"/> Fuel oil \$ _____	<input type="checkbox"/> Change in amount of insurance \$ _____
<input type="checkbox"/> Building by-laws \$ _____	_____ \$ _____
<input type="checkbox"/> Water damage—Ground water and sewers \$ _____	<input type="checkbox"/> Miscellaneous property specified perils \$ _____
<input type="checkbox"/> Water damage—Above ground water \$ _____	_____ \$ _____
<input type="checkbox"/> Tear out exterior parts \$ _____	<input type="checkbox"/> Miscellaneous property all risks \$ _____
<input type="checkbox"/> In-ground spa and pool \$ _____	_____ \$ _____
<input type="checkbox"/> Above ground or semi-inground spa and pool \$ _____	_____ \$ _____
<input type="checkbox"/> Earthquake \$ _____	_____ \$ _____
<input type="checkbox"/> Other: _____ \$ _____	_____ \$ _____

ADDITIONAL INFORMATION

Coverages are subject to the premiums, conditions, limits and exclusions of the contract issued by the insurer. This insurance binder will temporarily replace your insurance policy for a period of _____ days; your insurance policy will be issued shortly. Coverage remains in effect conditional on payment of your premium.

By: _____
Certified representative's signature

Date: _____

Name: _____

Telephone: _____

Title: _____

Form issued by: