



PERSONAL CATASTROPHE SHIELD APPLICATION

Applicant's Full Name and Address				Policy Number		<input type="checkbox"/> New <input type="checkbox"/> Renewal	
				Agent/Broker			
				Postal Code			
Residence Telephone		Business Telephone		Occupation(s)		<input type="checkbox"/> Direct Bill <input type="checkbox"/> Payment Plan <input type="checkbox"/> Broker/Agent Bill	
Employer				Spouse's Occupation		Limits Required:	
Policy Period		DD / MM / YYYY		DD / MM / YYYY		<input type="checkbox"/> 1 Million <input type="checkbox"/> 2.5 Million <input type="checkbox"/> 5 Million <i>Other limits not available</i>	
From		To		Your Policy will begin and end at 12:01 a.m. on these dates		Retained Limit (as defined in Policy) - \$500	

SCHEDULE OF UNDERLYING (PRIMARY INSURANCE)

A Residential Property (Minimum Underlying Limit \$1,000,000)

Please list below all residential property that you own or rent starting with the principal residence.

	Address	# of Units rented to others (if any)	RSA Policy Number	Underlying Limit of liability	BITH Extension
1.					
2.					
3.					
4.					

B Automobiles/Motorized Vehicles (Minimum Underlying Limit \$1,000,000)

Please list private passenger automobiles, motorcycles and recreational vehicles owned by applicant or other members of the household.

TYPE: Show **O** if vehicle is registered in the name of the applicant; **S** if registered in the name of the spouse; **M** if registered in the name of any other member of the household; **L** if vehicle is leased on a long term basis.

Vehicle Description

ATTACH SCHEDULE IF MORE THAN FOUR

Type	(Indicate kind of vehicle if not Private Passenger Automobile)	Name of Registered Owner, if Other Than Applicant or Spouse	SEF./OPCF/NBEF#44	Company	Policy Number	Underlying Limit of liability
1.						
2.						
3.						
4.						

Drivers

	Name	Birth Date			Years Licensed	List all Third Party liability claims \$5,000 or more in the past 5 years.	
		Day	Month	Year		Date of accident	Brief Description
1.							
2.							
3.							
4.							

Are any vehicles registered or insured in a company name? Yes No

If "Yes" explain: _____

Does any driver have 5 or more demerit points or has their license been suspended or cancelled in the last 5 years? Yes No

If "Yes" explain: _____

C Watercraft (Minimum Underlying Limit \$1,000,000)

TYPE: Show **S** for sailboat, **O** for outboard and **I** for either an inboard or inboard/outboard.

Description of Watercraft						Underlying Liability Insurance				
Type	Length	Year	Make and Model	Horse Power	Speed MPH	Policy Number	Type of Policy	Company	Limit of Liability	Expiry Date
1.										
2.										
3.										
4.										

- Note:**
- A) The Personal Catastrophe Shield does not drop down below \$1,000,000 if the Underlying Policy has a reduced limit for Waterskiing or Aquaplaning etc.
 - B) Watercraft in a company name, rented or chartered to others, used for racing or speed tests or used for compensation or hire is not eligible for Personal Catastrophe Shield.

THE BASIC CHARGE IS:		
1. With 2 Private Passenger Automobiles		\$
2. If there is only one private passenger automobile, the basic charge is		\$
ADDITIONAL CHARGES:		
	No. of Additional Exposures	Additional Premium
1. Each additional residence (charge per unit) or office within the scope of personal lines coverage		
2. Each additional automobile		
3. S.E.F./O.P.C.F./N.B.E.F. #44 - Family Protection Endorsement (charge per automobile)		
4. Vehicles other than cars (must have underlying insurance)		
A) Each snowmobile, mini bike, trail bike, all terrain vehicle		
B) Each motorcycle		
C) Each motorhome		
D) Each dune buggy		
E) Each go-cart, golf cart, moped or motor assisted bicycle		
F) Each air cushion vehicle - refer to company		
5. WATERCRAFT		
A) Under 26 feet in length not capable of exceeding 50 M.P.H.		
Outboard and Inboard/Outboard Motor	- 25 to 100 H.P.	
	- over 100 H.P.	
Inboard Motor 50 H.P. or over - capable of speed	- 30 M.P.H. or less	
	- 31 M.P.H. to 50 M.P.H.	
B) Powercraft over 26 feet in length not capable of exceeding 50 M.P.H.:		
Hull length is _____ feet.		
For any powercraft over 42 feet in length refer to company.		
C) Sailboats over 26 feet:		
Length of Sailboat is _____ feet.		
For any sailboat over 50 feet refer to company.		
6. Business in the Home – CODE _____		
Total Premium		

Loss & Policy History

State all liability losses or claims by the applicant or other member of the applicant's household in the last 5 years. (other than auto)

Date (yy/mm/dd)	Cause	Amount

Has any insurer cancelled, declined, or refused to renew or issue insurance to the applicant within the last 5 years? Yes No

If "Yes", provide details:

Name of previous insurer:	Policy Number:	Expiration Date: DD/MM/YYYY
List Policy Numbers of other insurance with this Company:		

Broker/Agent Questionnaire

Is this business new to your office? Yes No How long have you known the applicant?

Signatures of all insured's/applicants are required.

Date:	Signature of Insured:
Date:	Signature of Insured: