Reset

HABITATIONAL INSURANCE BINDER

THIS BINDER IS CONFIRMATION OF AN INSURANCE CONTRACT, SUBJECT TO THE POLICY TERMS, CONDITIONS AND LIMITATIONS AND THE STANDARD MORTGAGE CLAUSE. THIS BINDER IS AUTOMATICALLY CANCELED WHEN REPLACED BY THE POLICY.

INSURANCE COMPANY	POLICY / BINDER NUMBER
	BINDER EFFECTIVE DATE YYYY/MM/DD TIME A.M. ☐ P.M. ☐

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

POSTAL CODE

CONTACT NUMBER(S)

TYPE NO. TYPE NO.

TYPE NO. TYPE NO.

PREFERRED DOCUMENT LANGUAGE ☐ ENGLISH ☐ FRENCH

EMAIL ADDRESS

WEBSITE ADDRESS

2. BROKERAGE/AGENCY INFORMATION

POSTAL CODE

BROKER CODE	CONTACT NAME
PHONE NO.	FAX NO.
CONTRACT NUMBER	SUB-CONTRACT NUMBER
GROUP / PROGRAM NAME	GROUP ID
BROKER CLIENT ID	COMPANY CLIENT ID

3. POLICY PERIOD

EFFECTIVE DATE YYYY/MM/DD TIME A.M. ☐ P.M. ☐ EXPIRY DATE YYYY/MM/DD AT 12:01 A.M.

ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.

4. RISK LOCATION (IF DIFFERENT FROM APPLICANT'S ADDRESS)

5. MORTGAGEE / LOSS PAYEE(S)

	MORTGAGEE / LOSS PAYEE(S)	NATURE OF INTEREST

6. COVERAGE: FORMS, LIMITS & DEDUCTIBLES

PACKAGE FORM AND TYPE

DEDUCTIBLE $

SINGLE LIMIT	DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE
$	$	$	$	$	$	$	$

7. REMARKS

BROKER / AGENT NAME (Please Print)

SIGNATURE OF BROKER / AGENT

DATE YYYY/MM/DD

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