

Broker Code – 14118 – Tenants Insurance Program

IMPORTANT NOTE

This application is for the Tenants Insurance Program, administered by Marsh Canada Limited, (the 'broker') and underwritten by Intact Insurance Company (the 'insurer'). Please refer to policy wording for all policy terms and conditions.

1. APPLICANT'S DETAILS

Housing Society Name

1. Applicant	Last Name	First Name
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Date of Birth (mm/dd/yyyy)	Phone Number
2. Applicant	Last Name	First Name
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Date of Birth (mm/dd/yyyy)	Phone Number
Street Address	Unit Number	City
Province	Postal Code	Required Effective Date of Policy (mm/dd/yyyy)

2. APPLICANT'S CLAIMS HISTORY

Have you had any claims in the past 5 years? Yes No

Date of Loss	Loss Type	Loss Description	Amount Paid
			\$
			\$
			\$

Has any insurer cancelled, declined, or refused to issue property insurance to you within the past 5 years? Yes No

If 'Yes', please provide the date and reason for the cancellation, decline, or refusal:

3. POLICY LIMITS AND DEDUCTIBLES COMPREHENSIVE TENANTS PACKAGE POLICY

Contents Limit: \$15,000 – subject to \$500 deductible

Additional Living Expenses: \$6,000

Personal Liability: \$1,000,000

Annual Premium: \$150.00 for the first year (premium is subject to change for subsequent years)

To request contents amount in excess of \$15,000, OR you have the need to schedule additional items, such as jewellery, in excess of the policy limits, please call Marsh Private Client Services at 1 888 811 5298.

*If you wish to add the earthquake endorsement coverage to your tenants policy, please check the box below and provide your signature beside it.

Signature:

Note that if you selected to include earthquake coverage, your yearly premium will increase by \$25.00 making the total premium for the first year \$175.00 (premium is subject to change for subsequent years).

Please Complete Both Sides of the Application



4. PAYMENT OPTIONS
PAYMENT IS DUE WITH THE APPLICATION
*** WE DO NOT ACCEPT CASH ***

Please choose one of the following four payment options:

(There will be a fee charged for all payments refused by your financial institution due to insufficient or unavailable funds and more than one rejected payment will result in your policy being cancelled.)

(A) **Cheque or Money Order** payable to "Intact Insurance Company" in the amount of **\$150.00** or **\$175.00** with the added earthquake endorsement.

(B) **Please charge my:** **Visa** **MasterCard** in the amount of **\$150.00** or **\$175.00** with the added earthquake endorsement.
Check this box if you want recurring payments resulting in automatic policy renewal each year.

"Debit Credit Cards" Not Accepted

Credit Card Number:																				
Expiry Date:	Month	Year	3-Digit Card Security Code				Name as it appears on Card													

(C) **Monthly Payment Option: Complete and return the enclosed payment form with void cheque along with the completed application. Premium charged is divided into equal monthly installments which are then automatically withdrawn from your bank account.**

(D) **Easipay Three Pay:** The premium is divided into three equal payments. The first payment is due at the start of your policy; the second payment is three months later; and the third payment is six months later. With this plan, you can choose Internet banking, cheque, money order, or credit card payment options.

5. APPLICANT'S CONSENT AND DISCLOSURE

Where an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Marsh believes strongly in protecting your privacy and the confidentiality of your Personal Information. We acknowledge that you may have privacy and security concerns with respect to the information we collect, use and disclose to third parties for the purpose of allowing us to provide and offer our products and services to you. In order to comply with privacy legislation, we have developed a Privacy Policy, which is available from your community manager or at www.marsh.ca. By signing this form you are acknowledging that you have read the Privacy Policy and that you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy.

SIGNATURE

Name (please print)	Signature	Date (mm/dd/yyyy)
Name (please print)	Signature	Date (mm/dd/yyyy)

POWER OF ATTORNEY

If this application is being completed by a power of attorney, please sign in lieu of the resident.

Name (please print)	Telephone	
Street Address	Unit Number	
City	Province	Postal Code
Signature	Date (mm/dd/yyyy)	

6. POLICY ACTIVATION

PLEASE ALLOW 30 DAYS FROM THE DATE YOU MAILED THE APPLICATION FOR YOUR ACTUAL POLICY DOCUMENTS TO ARRIVE BY RETURN MAIL PRIOR TO CONTACTING US.

Note: If you have not received your policy documents within 30 days of submitting this application, then it is possible your application was not received by the broker. In such a case, please contact your broker to confirm the status of your application.

If you have any questions regarding the Tenants Insurance Program, please call Marsh's Private Client Services at 1 888 811 5298.