

High Value Homeowners' Insurance Quote Form

XN Financial Services (Canada) Inc. Fax: 1-877-908-1837 Email: pcservice@xn.com

Currency					
All amounts in this application are stated in CA	D USD	EU	R GBP		
Applicant Information					
First name:	Last name:				
Date of birth:	Social Security/Insurance number:				
Occupation:					
Co-applicant's first name:	Co-applicant's last name:				
Date of birth:	Social Security/Insurance number:				
Name of trust (if applicable):	Corporate name (if applicable):				
Mailing Address					
Address:	City:				
State/Province/Region:	Zip/Postal Code:				
Country:	Phone/Fax:				
Property Address					
Address:	City:				
State/Province/Region:	Zip/Postal Code:				
Country:	Phone/Fax:				
Property Information					
Year built:	County:				
Protection class: 1 or 2 floors?	How many mortgages? Square footage:				
Number of prior non-weather losses:	New purchase?	Yes	No		
New purchase? Yes No	Sprinkler system?	Yes	No		
Storm shutters? Yes No	Distance to coast:	Less than	1000 feet (305 meters)		
Unfenced pool? Yes No		1000 feet to 1 Mile (305 m to 1.6 km) Between 1 and 5 Miles (1.6 km to 8 km)			
Occupancy: Primary Secondary					
Rental Vacant		Between 5	and 10 Miles (8 km to 16 k	m)	
Builders risk Spec home		0 and 20 Miles (16 km to 3	2 km)		
Sec./Seasonal rental		Greater than 20 Miles (32 km)			
Construction type: Masonry Frame	Community Security:	Gated	Gated & guarded		
Masonry veneer Superior		Unsecure	ed		
Distance to Fire Station:	Central alarm:	None	Central burglar		
Distance to Fire Hydrant:		Central fi	re Central fire & bur	glar	



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Property Inf	ormation (con	tinued)					
Roof architecture:	Hipped roof If other, explain:	Gable roof		Flat roof			
Roof finish							
	Year:	Partial or	Complete				
Electrical update	Year:	Partial or	Complete				
Plumbing update	Year:	Partial or	Complete				
Heating update	Year:	Partial or	Complete				
Requested (Coverages A	mounts					
Coverage A (Dwelling):		Coverage B (Other structures):					
Coverage C (Personal property):			Coverage D (Loss of use):				
Coverage E (Personal liability):			Coverage F (Med. pay):				
Course of construction endorsement required Yes						No	
			lf `	Yes, please complete the course o	f Construction App	lication.	
Deductibles							
All other perils:	2,500	5,000		Windstorm and hail deductible:	Excluded	5%	
	7,500	10,000			10%	25%	
	15,000	25,000			If other, justify	• •	
	If other, justify:						
Are you an animal owner? Yes No			If so, what type of pet?				
Actual insurer:							
Personal injury prot	ection? Yes I	No		Prior year premium:	Renewal premiur	n:	
Agency Cor	ntact Informa	tion					
Contact name:			Agency name:				
Fax number:				Email:			