

Loss History (Please provide loss history for a minimum of five years):						
Date of Loss:	Loss Description:					Amount Paid
						\$
						\$
						\$
Loss Mitigation: Please let us know if any loss mitigation work has been completed						
Valuable Articles Coverage (VAC):						
Location Address (If Different Than Risk Address):						
	Blanket Value			Itemized Value		
Jewellery – Out of Vault	\$			\$		
Jewellery – In Bank Vault	\$			\$		
Fine Art	\$			\$		
Other (Please Specify):	\$			\$		
Other:	\$			\$		
Other:	\$			\$		
Scheduled jewellery and fine arts may qualify clients for additional credits on the primary location (see applicable Rate & Rule Manual)						
Excess Liability:						
Request Limit	\$		# of Vehicles:	# of Locations:	# of Watercraft:	
Driver Name	Date of Birth	Relationship to Insured	Driver License #	Province	# of Infractions	# of Claims
1.						
2.						
3.						
4.						
5.						
Additional Lines (Check additional products client is interested in quoting):						
Private Passenger Vehicle	Collector Vehicle	Watercraft	CSIO applications or declaration pages can be provided			
Additional Comments/Details:						

For Quebec only, do your client and all named insureds give consent to have their credit score accessed for the purpose of underwriting their insurance policy? Yes No

Notice

The submission of this Application does not obligate the Company to issue, or the Applicant to purchase, a policy. The applicant will be advised if the Application for coverage is accepted. The applicant hereby authorises the Company to make any inquiry in connection with this Application.

Material Change

If there is any material change in the answers to the questions in this Application or in any attachment before the policy inception date, the applicant must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

False Information

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Declaration and Signature

For the purpose of this Application, the Applicant declares to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The Applicant agrees that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy.

The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing any policy.

This document is a quoting tool only. It does not have to be completed if you call in the information. To call in a quote: 1-800-465-6391 Thank you!

Producer Name

Date

Chubb. Insured.SM