

Hobby Farm Advantage Application
Cambrian Special Risks Insurance Services

130 Paris Street
Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866)-308-2784
Email: quotes@cambrianspecialrisks.com

SECTION 1: APPLICANT INFORMATION

1. Name of Applicant: _____

2. Address:

	Street Number	Street Name	Apartment / Suite Number
City: _____	Province: _____	Postal Code: _____	
3. Phone: _____ Fax: _____
4. Website Address : _____
5. Will you require an Additional Insured to be added to the policy? Yes No
 If "Yes", please provide name and mailing address: _____

SECTION 2: INSURANCE INFORMATION

1. Policy period From: _____ To: _____
2. Is this application a: New Renewal of Policy no. _____ Rewrite of Policy no. _____
3. Other Policy No.? _____
4. Previous Carrier: _____ Policy No. : _____
5. Has a Renewal been offered? Yes No
 If "No", please explain in detail the reason for non-renewal: _____

6. Are you aware of any claims or incidents which may result in a claim against you in the past 7 years?
 Yes No
 If so, please provide details of Loss History below (attach additional page(s) if necessary):

<u>Coverage</u>	<u>Limit Carried</u>	<u>Premium</u>	<u>Total Losses</u>
_____	_____	_____	_____
7. Has the insured been at this current address less than 3 years? If yes, please provide complete prior mailing address including postal code: _____

SECTION 3: UNDERWRITING INFORMATION

1. Type of farm? Dairy Beef - # of Heads _____
 Horse General
 Vegetable / Fruit Cash Crop
 Hobby Other _____ Secondary Business (specify) _____
2. Is farming primary occupation of the applicant? Yes No
3. Have you personally inspected this property? Yes No
 If "Yes", please specify when: Date _____
4. Do you personally know the applicant? Yes No
5. Property description

	Loc#	Lot	Concession	Township, County	Acreage
Location of property Owner or Leased	1				
	2				
	3				
	4				
	5				
	6				

6. Loss Payable (if any) to: (Absence of entry demotes "to Insured". Please include Name and complete mailing address and postal code. _____
7. Are these locations accessible by roads/lanes/driveways kept open year round? Yes No
8. Will there be other insurance in force on other buildings, contents or operations? Yes No
 If "Yes", please describe:
9. Any premises owned, occupied or operated by the Applicant & not described on this application? Yes No
 If "Yes", please describe:
10. In your opinion are there any buildings that are NOT insurable for windstorm Yes No
 If "Yes", please describe:
11. Main Residence # _____

Occupancy	Construction	Heating	Auxiliary
<input type="checkbox"/> Owner's Principal Dwelling <input type="checkbox"/> Relative <input type="checkbox"/> Farm Manager <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____ Number of Families _____	Year Built: _____ Roof _____ Electrical: <input type="checkbox"/> Amps or <input type="checkbox"/> Breakers Plumbing _____ Square Feet: _____ Stories _____ Structure Type: <input type="checkbox"/> Detached <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____	<input type="checkbox"/> Furnace(central) <input type="checkbox"/> Electric <input type="checkbox"/> Combination <input type="checkbox"/> Other* _____ <input type="checkbox"/> Fuel Used _____	<input type="checkbox"/> Fireplace* <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Pellet/Corn # face cords _____

12. If over 20 years old, please complete the following with respect to updates;

	Full	Partial	Year Updated and Details
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	
Heating	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	

13. Protection
- Within 300m of Hydrant
- Within 5km of a Fire Hall
- Within 5-13km of a Fire Hall
- Over 13km from a Fire Hall
- Private Protection
- Fire Alarm: Yes No Local Central Station
- Burglar Alarm: Yes No Local Central Station
- Responding Fire Hall: _____

14. Limits:

Main Residence	Detached Private Structures (100% of Dwelling Limit)	Unscheduled Personal Property	Additional Living Expenses (20% of Dwelling Limit)	Deductible (\$1,000 min.)
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$

15. Sewer Backup? Yes No
- If "Yes", please complete the Sewer Backup Questionnaire
- Limit: \$20,000 Broad Form Only

16. Please attach for each location, where applicable:
- Attach Replacement Cost Calculator (include debris removal)
 - Attach Wood Burning Questionnaire (if applicable)
 - Attach Fuel Oil Tank Questionnaire (if applicable)
 - Attach Sewer Backup Questionnaire
 - Photographs of all property to be insured

17. Personal Articles Floater (Attach a current jewelry appraisal):

Description	Deductible	Limit

18. Outboard Motor and/or Boats:

Item Outboard Boat	Manufacturer, Model, Serial Number	Year	Rental?	Length, H.P.	Limit
Outboard Motor					
Boat Trailer					
Equipment/Accessories/ Portable Equipment					

19. Where will the boat/motor/equipment be stored? _____

20. If any of the above are rented to other's or used for business purposes, please show receipts. \$ _____

21. Floaters:

Other Floaters	Description	Deductible	Limit

22. Do you sell or store hay? Yes No
 If yes, please describe is the hay for personal use or for others? _____

23. Please list all Barns and Outbuildings:

#	Building Description	Alarm	Use	Year Built	Construction	Heating Type	# of Stories	Liability Coverage Only?	Limit
1									
2									
3									
4									
5									
6									
7									
8									
9									

24. Farm Machinery Floater Schedule:

Loss if any, payable to: _____
 Address: _____

Item	Custom Use?	Non Fixed or Fixed Machinery?	Make	Model	Serial #	Year	Limit

25. Farm Livestock Schedule:

Description	# of Head		Amount per Animal	Building Where Housed	Alarms (Provide Details)	Generator	Liability Coverage Only?	Limit
	Grade	Registered						

Farmers Comprehensive Liability

Main Location	Farmed By?	General Description of Farm	Liability Limit Required
Up to 200 Acres	<input type="checkbox"/> Insured		
Total Acreage:	<input type="checkbox"/> Tenant		

26. Option Farm Liability:

- a) Additional Insured (NAME): _____
- b) Additional Dwellings and Dwelling Apartments _____ Number of Units _____
- c) Additional Farm Locations: _____
- d) Saddle or Draft animals: Number of saddle: _____
- e) Use of horses: _____
- f) Swimming pools, hot-tubs or ponds (Describe) _____
- g) Ownership of Watercraft: Type _____ Length _____ H.P. _____
- h) Custom Farming: (Describe) _____ Receipts _____
- i) Retail Sales of Farm Products: (Describe) _____ Receipts _____
- j) Other non-farm Business: (Describe) _____ Receipts _____
- k) Other (Describe) _____
- l) Is the public allowed on premises for any reason? Yes No
If "Yes", please explain _____
- m) Is there any processing done on premises? Yes No
If "Yes", please explain _____
- n) Annual Farm Income \$ _____ Derived from: _____

28. General Liability, Including Injury To Participants And Excluding Rodeos, Rodeo Associations, Unescorted Riding/Rental Operations And Any Operations Not Declared.

If any are applicable, please complete the Hobby Farm Advantage General Liability Supplement.

Please indicate % and revenue for each business operations:	Equestrian Center	%	Horse Owner	%	Horse Club	%
	Horse Breeder	%	Riding Instruction	%	Pony Rides	%
	Tour Guide (other than any horse related activities)	%	Dude Ranch	%	Furrier	%
	Trail Rides	%	Horse Trainer	%	Other (not listed above):	%
	Wagon Rides	%	Sleigh Rides	%		

29. Farmers Limited Pollution Liability:

- a) Do you apply pesticides, herbicides or chemical fertilizers AWAY FROM premises you own, rent or lease? Yes No
- b) Do you process or sell any chemicals (fertilizers, insecticides, herbicides) or store any of these chemicals for other than your own use? Yes No
- c) Do you perform any processing operations involving chemicals? Yes No
- d) Do gross receipts from Custom Farming exceed your other farming income? Yes No
- e) Do you have occasion to have polychlorinated biphenyls (PCB's) used or stored? Yes No
- f) Are there any government statutes, standards or regulations (federal, provincial or municipal) for the protection of the environment with which to your knowledge, you do not comply? Yes No
- g) Claims or Loss experience: Have there been any pollution or environmental occurrences in the past, whether insured or not? Yes No
- h) Has pollution liability coverage been declines to you in the past? Yes No
If "Yes", please provide details: _____
- i) Do you have pollution coverage currently in effect? Yes No
If "Yes", provide Company _____ Policy # _____ Expiry date _____
- j) Are there any creeks, rivers or other bodies of water premises you own, rent, lease or do work on? Yes No
If "Yes", please provide details: _____
- k) Do you have any underground or above ground tanks or tanks stored indoors? Yes No
If "Yes", complete the Tank Data Supplement

30. Tank Data Supplement:

Although information is required on all tanks, no underground piping of tanks are covered by this policy.

- a) Is written tank filling procedure containing information to prevent spills or over flows? Yes No
- b) Is there a written emergency procedure outlining actions to be taken in the event of a tank spill or overflow? Yes No

Loc. #	Tank #	Construction (see below)	Age (yrs)	Product Stored (see below)	Capacity (in 100 liters)	Above or Below Ground	If above, is it Dyked?	Indoors or Outdoors	High Level Alarm

Construction: W-Welded
R-Riveted
B-Bolted

F-Fiber Glass
L-Lined

(Example: a lead lined welded steel tank used for acid storage would show as "WL")

Product Stored:
Give generic names, not product or trade names.

Limited Pollution Deductible \$ _____

Limits:

Each occurrence Main Farm (up to 200 acres) _____
\$ _____ Additional locations # _____
 Pond/Marsh with outflow # _____
 Above ground tanks # _____
Aggregate limit Other _____
\$ _____

31. Tax:

a) Are you registered for retail tax exemption? Yes No
If "Yes", provide # _____

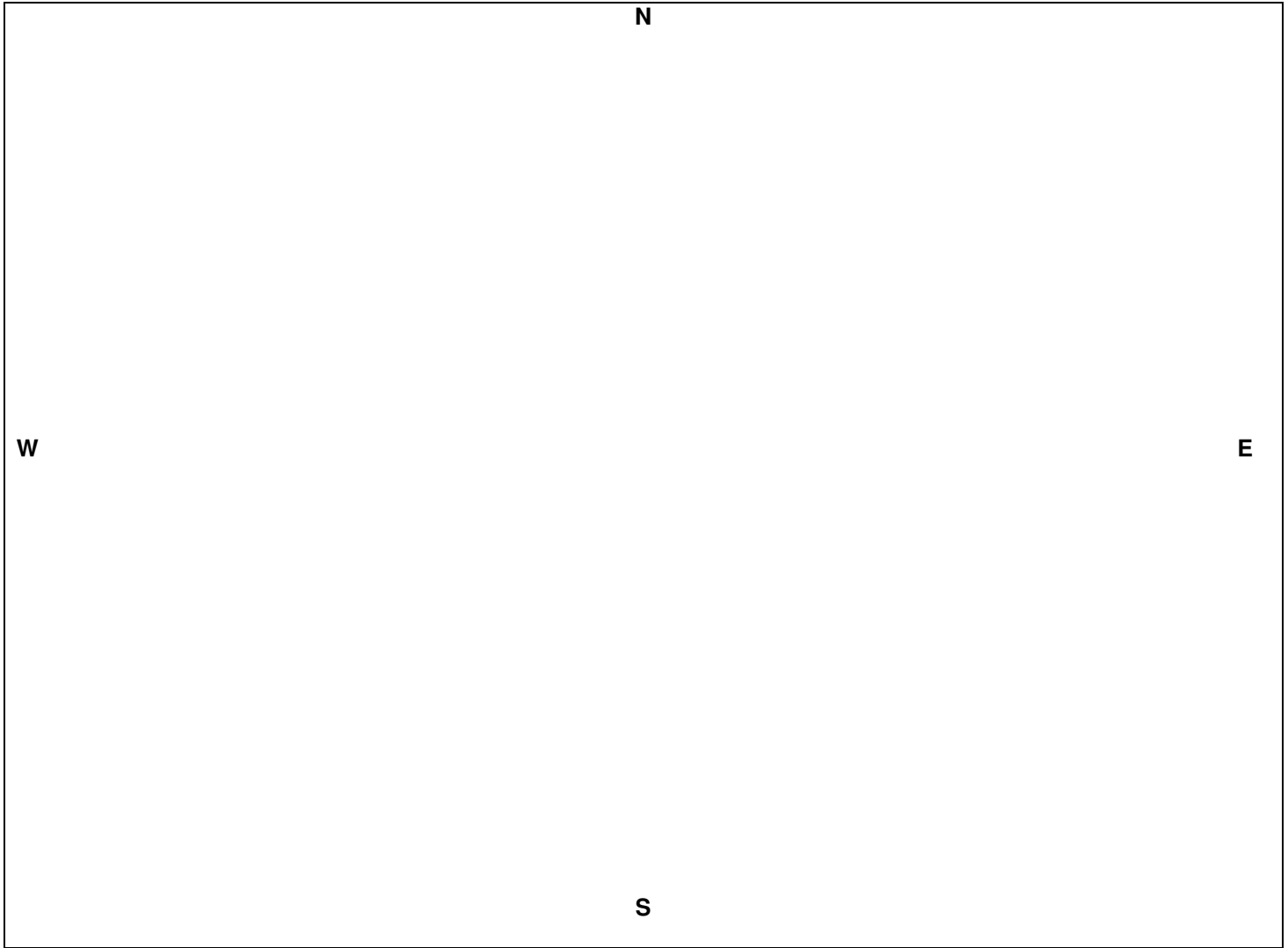
32. Information

a) Are you registered for the Goods and Services Tax? Yes No
If "Yes", provide # _____

33. Sole Proprietor Partnership Corporation Other (specify) _____

34. Please provide names of all partners or corporate officers who have fiduciary interest in land (L), machinery (M), chattels (C), or horses (H) on a separate page.

35. SITE MAP – Indicate all structures (whether insured or not) – Show distance between all building – A separate diagram is required for each location.



SECTION 5: OTHER INFORMATION

1. Are you affiliated with any type of association? Yes No
If yes, please provide the name: _____
2. Please provide any other information you feel would assist in the evaluation of your application.

SECTION 6: DECLARATION

\$500 MINIMUM RETAINED PREMIUM APPLIES

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION	
Agent Name:	Address:
Broker Name:	
E-Mail:	City:
Phone:	Province:
Fax:	Postal Code:

SECTION 1: APPLICANT INFORMATION

1. Name of Applicant: _____

SECTION 2: UNDERWRITING INFORMATION

1. Location of Tank: Inside Building Outside Building Underground
2. Type of Tank: Steel Steel with interior liner Fiberglass Other: _____
3. Construction Approval Label: CSA ULC WH UL (to Canadian Standards)
4. Spill Protection: Concrete Dam Yes No
5. Other Containment Devices Yes No
6. Tank Support (Base Construction): Concrete Wooden Dirt
7. Is tank fasted with a bracket for stability? Yes No
8. If inside, is tank filled and vented outside? Yes No
9. Is vent stack located higher than fill pipe? Yes No
10. Age of oil tanks _____ years
11. Is there a sticker or stamp? Yes No
12. Any rust, dents or evidence of corrosion? Yes No
13. Signs of leaks or oil spills, current or past? Yes No
14. Specify (fill pipe, vent pipe, fuel line, drain) _____

15. Are fumes or odors evident? Yes No
16. Is tank inspected and serviced annually Yes No
17. Is tank safe from vehicle impact? Yes No
18. Is there 61 cm/2 feet of clear airspace around the tank (helps provide condensation relief)? Yes No
19. Has the tank been painted (for corrosion protection)? Yes No
20. Is the fuel supply line protected (from physical damage)? Yes No
21. Is tank filled regularly (keeping the tank filled helps prevent condensation buildup in tank)? Yes No
22. Is the tank located at least 1.6m/5 feet from any ignition source? Yes No

23. Is there a loop in the fuel line supply? Yes No
24. Where is the line filter located in relation to the building? Yes No
- Is the fuel line protected where it passes through the foundation? Yes No
25. Where is the tank located (supply line to furnace)? Top Side Bottom
26. Distance from fuel tank to furnace _____ m ____ feet
27. Please attach a copy of a current fuel tank inspection.

SECTION 1: APPLICANT INFORMATION

1. Name of Applicant: _____

SECTION 2: UNDERWRITING INFORMATION

1. Type of Unit: Stove Fire place Insert Add on Furnace Hot Water
 Hot Air Other (describe) _____

2. Is unit airtight? Yes No

3. What is the clearance rating for: Stove? _____
Heat Shields? _____
Stove pipes? _____

4. Make of Unit: _____

5. Was unit professionally installed? Yes No

6. Is the Unit: C.S.A Labeled U.L.C Labeled W, H Labeled Not Labeled

7. Please attach a copy of a current inspection of the wood stove.

8. How many face cords of wood are used annually? _____

9. How long is the wood seasoned before burning? _____

10. Chimney Details: Brick (unlined) Brick (tile lined) Approved Metal (wood rated)
 Other (describe) _____

11. List other units using this chimney: _____

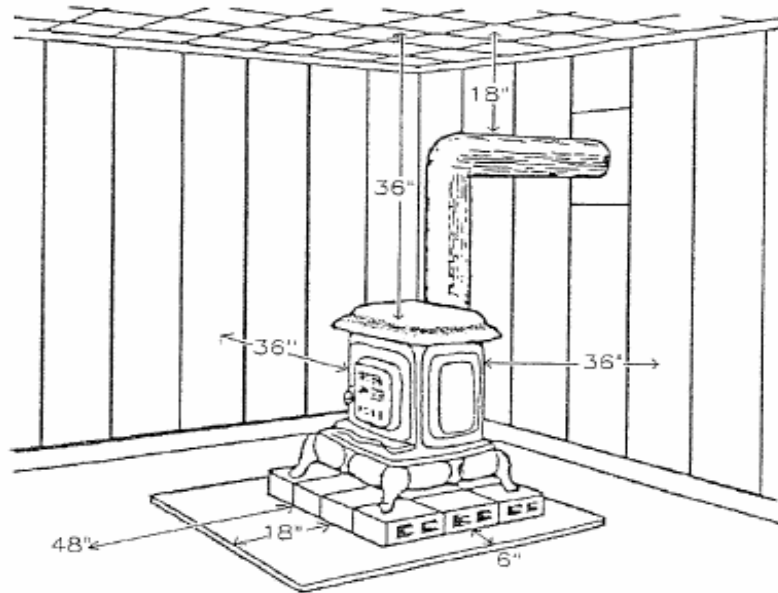
12. What order (starting at the bottom) do all units enter the chimney? _____

13. How often in the chimney cleaned? _____

14. Is the furnace equipped with automatic controls to bring on oil furnace when fire gets low? Yes No

15. If hot air, what changes were made in the ductwork of the house when the unit was installed? _____

16. Additional remarks or information: _____



17. Wood Burning Stoves:

- a) Is stove free of large cracks or broken parts? Yes No
- b) Is stove located on non-combustible floor materials? Yes No
- c) Does floor protection extend at least 6" from sides and back and 18" to the front? Yes No
- d) Is the stove spaced at least 48" from any combustible materials? Yes No
- e) Is there at least 18" between the top of the stove pipe & ceiling? Yes No
- f) Does stove pipe fit snugly into thimble? Yes No
- g) Is stove pipe routed so as not to pass through floors, closets, concealed spaces, or connected to chimney in attic? Yes No
- h) Does stove have an automatic draft regular or built in damper Yes No
- i) Does stove pipe enter fireplace chimney? Yes No
- j) If so, does it enter horizontally at a point higher than outlet or stove fire box? Yes No
- k) Where is the stove located in the building? _____
- l) Is there any ductwork over the stove to allow heat to be dispensed to other parts of the house? Yes No

17. Comments: _____

Inspected by: _____ Date: _____



**Sewer, Septic Tank, Drain or Sump
Back-Up Supplement Application**
Cambrian Special Risks Insurance Services



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Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866)-308-2784
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SECTION 1: APPLICANT INFORMATION

1. Name of Applicant: _____

SECTION 2: UNDERWRITING INFORMATION

1. Location: _____

2. Age of Building: _____

3. How long has the Insured occupied this Building? _____

4. Is "Stock" or "Equipment" stored in basement? Yes No
If "Yes" provide details: _____

5. Is there any previous "history" of sewer back-up or water influx, escape or flood? Yes No
If "Yes", please provide details including what corrective measures have been taken: _____

Was this damage insured? Yes No
If "Yes", policy # _____ Name of Insurer: _____

6. Is the building located in an area prone to flooding? Yes No

7. Distance to nearest body of water (i.e. river, creek, etc.) _____

7. Is there an automatic sump pump? Yes No

8. Is there a battery back up device for the sump pump? Yes No

8. Is the building a septic system or sewer system?

9. Are the "Septic and Storm Sewer Systems" separate from one another Yes; or is it one system Yes

10. When was the septic or sewer system last updated? _____

11. Municipal or Private System?

12. Other information: _____

Questionnaire completed by: _____ Dated: _____