Marsh Canada Limited
Private Client Services Practice
4273 King Street East, Suite #200
Kitchener, ON N2P 2E9
tenantapplication@marsh.com
Phone Number: 1 888 811 5298

Retirement Residences Tenant Insurance Program_15

IMPORTANT NOTE:
This application is for the retirement residences tenant insurance program. To participate in this program residents must be at least 50 years old and live in an approved retirement residence and/or seniors complex. Your Tenants policy will be placed within a group program administered by Marsh Canada Limited with the sponsoring insurer, Intact Insurance Company. This Tenants policy is a standard offering and we have not assessed your individual insurance needs. If you require more coverage than provided within the program offering, we can individually assess your insurance needs and provide you with a quote with another insurer. Please refer to the policy for all policy terms and conditions.

1. APPLICANT'S DETAILS

Applicant #1	Last Name*	First Name*
Salutation ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss.	Date of Birth (dd/mm/yyyy)*	Phone Number* ( ) -
Applicant #2 (if applicable)	Last Name	First Name
Salutation ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss.	Date of Birth (dd/mm/yyyy)	Phone Number ( ) -

Name of Retirement Residence*

Operating Company*

Street Number*	Street Name*	Unit Number*	City*

Province*	Postal Code*	Required Effective Date of Policy (dd/mm/yyyy)* **Coverage can only be requested using future effective dates.**

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. POWER OF ATTORNEY

Are you the Power of Attorney for the Insured(s) [Please provide copy of POA document] Yes ☐ No ☐
Do you require documents to be sent to a different address? Yes ☐ No ☐

Last Name	First Name	Telephone ( ) -	Email		
Street Number	Street Name	Unit Number	City	Province	Postal Code

4. POLICY COVERAGE AND PREMIUMS

Comprehensive Tenant Insurance Package includes:

Contents Limit: $15,000	Additional Living Expenses: $6,000	Personal Liability $2,000,000	Deductible $500

British Columbia residents – annual premium is $180 excluding Earthquake (no tax applies) ☐
British Columbia residents – annual premium is $210 including Earthquake (no tax applies) ☐
Alberta residents – annual premium $180 (no tax applies)

Please note: Marsh Canada Limited is paid a commission by Intact Insurance of 20% which is part of the insurance premium.

To request a quote for a coverage not outlined above in section 4, please call 1 888 811 5298 to reach the sales department at Marsh's Private Client Services. Optional coverages available at an additional premium include but are not limited to sewer backup, earthquake, scheduled articles, or contents coverage in excess of $15,000.

Please complete both sides of the application ➡

5. PAYMENT AGREEMENT

By submitting this application, you are responsible for the payment of the policy premium to Intact Insurance Company (Insurer) within 30 days of the effective date of cover. Your policy documents will include payment instructions. These include payment by cheque, money order, credit card, internet or telephone banking. Failure to pay for this policy will result in a cancellation for non payment.

I agree: ☐ **Yes***

6. APPLICANT'S CONSENT AND DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

For all provinces and territories except Quebec: If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.	**For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the settling of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

For all provinces and territories: Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

Personal Information Consent

For all provinces and territories: I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent, or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

I acknowledge that maintaining Tenants Insurance and providing proof of insurance to my Retirement Residence is a requirement of my lease agreement. As a result, I hereby authorize Marsh Canada Limited to provide my Retirement Residence with information and copies of my policy documents regarding my Tenant Insurance policy purchased under this program.

I agree: ☐ **Yes***

7. POLICY ACTIVATION

Please submit your completed application to tenantapplication@marsh.com with the email subject line 'Request for Tenant Insurance'. Please note that your tenants insurance coverage will not be active until your application has been approved. Incomplete applications will result in a delay in coverage. Upon approval you will receive a confirmation of insurance from Marsh Canada Limited. If you have not received a confirmation of insurance within 7 days of submitting this application, or you have questions regarding the status of your application, please contact Marsh at 1 888 811 5298.

8. AUTHORIZED SIGNATURE

1. Last Name*	First Name*	Telephone ( ) -	Email
Signature* (To add your signature, please click the 'fill & sign' or the pencil icon on the top tool bar.)			Date* (dd/mm/yyyy)
2. Last Name	First Name	Telephone ( ) -	Email
Signature (To add your signature, please click the 'fill & sign' or the pencil icon on the top tool bar.)			Date (dd/mm/yyyy)