



WAVE
INSURANCE

WAVE INSURANCE GROUP INC.

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Request for Home Insurance Quotation

The get the most accurate quote please fill this information to the best of your knowledge

Applicant Information (Registered owner of vehicle): When to be effective?

Name insured (List all parties on deed):		Gender:	Telephone:
Date of Birth:	Please Input DOB in the spaces to the right.	Applicant:	
		Spouse	
Current Address:			
New Address (Where you're moving to) :			
Has applicant changed address in the last 3 years? Yes No		Owner Occupied? Yes No	
Home Occupied Since? DD/M/YYYY		Smokers in Household? Yes No	
Your Occupation:		Continuous Years of Employment:	
Current Home Insurance Company:		Current Policy #:	
Expiry Date (MM/YY):		Premiums (\$):	
First date you were insured for your current home? No prior YES NO		Are you a first time buyer of a home? Yes No	

Any home claims in the past 5 years? If no, check box below	Details (Briefly Explain)		When (M/D/YY)
None			

If you have a Secondary, Seasonal or Rental property; Complete this form for each property. Thank you

Please fill out the following questions on the next pages. This information is used to determine the cost to rebuild your home. It is important to make sure that you receive the proper coverage so that you are not under insured. The information supply will assist in making sure you get the correct coverage on your home!

Property Information: Please fill out

Year Built:	Structure type:		
	Detached	Semi Detached	Freehold Townhouse
Living Area (Excluding Basement) : Sqft.	If it is a townhouse: Inside unit Outside unit		Number of Stories:
# of Bathrooms (Excluding Basement):	Master	Full	Half
# of Families living in the home:	# of Bedrooms (Excluding Basement):		# of Car Garage:
Type of Garage:	Detached	Attached	Carport Built-in
Roof Construction: Asphalt shingle If other, please specify:	Clay tile	Aluminum	Other
Is the Basement:	Finished	Partially finished	Not finished

Roof Updated in: (MM/YY)	Complete	Partial	Swimming Pool: sqft. In ground Above Ground None
Electric Wiring Updated in: (MM/YY)	Complete	Partial	Any Hot Tub? Yes # No
Plumbing Line Updated in: (MM/YY)	Complete	Partial	Any Sauna? Yes # No
Furnace type: Gas Oil Elec. Wood Combination			Fire Place? #
Central Air? Yes No If not, please provide details			Gas Wood

Other Information

Any Business use or activities in Home? (Eg. Day care, Administrative office): Yes No If yes, details (# of children, do clients come to your home?)	
Central Fire Alarm System? (Paid alarm) Yes No	Central Burglar Alarm System? (Paid Alarm) Yes No
Mortgage Information; Is the Mortgage paid off? Yes No No, fill out below	
Mortgagee Name:	Mortgagee Address:

2nd Mortgagee (If any) Name:	2nd Mortgagee Address:
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Option: Extra Premium will Apply

Jewelry, Fine arts, Furs, Golf Clubs, Bicycles, or non professional musical instruments that require additional protection?

(List if over \$7,000 value per Item if you wish to itemize on your home insurance)

Item	Do you have an appraisal sheet?		Value (\$)
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

**When did you have FIRST Home or Condo or Tenant insurance in Canada?
MM/YYYY:**

Do you require a boat to be included with your Home insurance coverage?

YES NO

Any Additional Comments:



Send Back Once Completed