

Alberta Seniors Housing Insurance Application Form

1. Name/Location: _____
2. Mailing Address: _____
3. Phone: _____ Fax: _____
4. Email: _____
5. Contact Person: _____

SENIORS HOUSING LIABILITY SECTION

1. Address: _____
 Description: Lodges/Apartments Self-contained Units
 Number of units: _____
2. Address: _____
 Description: Lodges/Apartments Self-contained Units
 Number of units: _____
3. Address: _____
 Description: Lodges/Apartments Self-contained Units
 Number of units: _____
4. Address: _____
 Description: Lodges/Apartments Self-contained Units
 Number of units: _____
5. Address: _____
 Description: Lodges/Apartments Self-contained Units
 Number of units: _____
6. Address: _____
 Description: Lodges/Apartments Self-contained Units
 Number of units: _____
7. Address: _____
 Description: Lodges/Apartments Self-contained Units
 Number of units: _____

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8. Address: _____
 Description: Lodges/Apartments Self-contained Units
 Number of units: _____
9. Address: _____
 Description: Lodges/Apartments Self-contained Units
 Number of units: _____
10. Address: _____
 Description: Lodges/Apartments Self-contained Units
 Number of units: _____

COMMUNITY HOUSING LIABILITY SECTION

1. Address: _____
 Description: Apartment Self-contained Units
 Duplex Fourplex/Multi-family
 Number of units: _____
2. Address: _____
 Description: Apartment Self-contained Units
 Duplex Fourplex/Multi-family
 Number of units: _____
3. Address: _____
 Description: Apartment Self-contained Units
 Duplex Fourplex/Multi-family
 Number of units: _____
4. Address: _____
 Description: Apartment Self-contained Units
 Duplex Fourplex/Multi-family
 Number of units: _____

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5. Address: _____

Description: Apartment Self-contained Units
 Duplex Fourplex/Multi-family

Number of units: _____

6. Address: _____

Description: Apartment Self-contained Units
 Duplex Fourplex/Multi-family

Number of units: _____

7. Address: _____

Description: Apartment Self-contained Units
 Duplex Fourplex/Multi-family

Number of units: _____

8. Address: _____

Description: Apartment Self-contained Units
 Duplex Fourplex/Multi-family

Number of units: _____

9. Address: _____

Description: Apartment Self-contained Units
 Duplex Fourplex/Multi-family

Number of units: _____

10. Address: _____

Description: Apartment Self-contained Units
 Duplex Fourplex/Multi-family

Number of units: _____

Comprehensive Dishonesty, Disappearance & Destruction

(Crime Section)

Employee dishonesty: \$25,000 (minimum) \$50,000
 \$30,000 \$100,000
 \$40,000

Number of employees: _____

Employee means any person in the insured's service who is compensated directly by salary, wages or commissions and whom the insured has the right to direct and control while performing services for the insured. Employee is **not** a Director or Trustee except while performing acts within the scope of the usual duties of any employee.

Coverage within the Premises \$10,000 limit \$20,000 limit

Coverage Outside the Premises

This provides cover for the loss of Money and Securities by the actual destruction, disappearance or wrongful abstraction within the Premises or within any Banking Premises or similar recognized places of safe deposit; and outside the Premises while being conveyed by a messenger or any armoured motor vehicle company or while within the living quarters in the home of any messenger.

Loss of other property by Safe Burglary or Robbery within the Premises or attempt thereat, and loss of a locked cash drawer, cash box or cash register by felonious entry into such contained within the Premises; and by Robber outside the Premises or attempt thereat while such property is being conveyed by a messenger or any armoured motor vehicle company.

Locations to be insured:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Property Coverage

Location: _____

Construction: Frame Concrete block Wood truss/Rafters
 Metal Trusses Asphalt Shingles Other roofing material
 Basement/Crawl space Sprinkler system

Alarms: Intrusion (24-hour monitored) Intrusion (Unmonitored)
 Fire (24-hour monitored)

Date of construction/renovation: _____

Total square meters: _____

Replacement value of building: _____

Replacement value of contents: _____

Lien holder: _____

(If more locations required, please photocopy additional pages.)