THE WAWANESA MUTUAL INSURANCE CO.

ALBERTA PREDICTIVE MODEL
SUPPLEMENTARY QUESTIONNAIRE

With the introduction of our Predictive Model in Alberta, we have added factors to help further tailor your client's coverage. This form is intended to allow you to collect and submit these new details with ease.

To ensure renewals are issued accurately, please submit completed questionnaires at least 70 days prior to renewal date. Once completed, please submit to: ABhabquestionnaire@Wawanesa.com

Date		**Renewal Date**	
Insured Name		**Broker Name**	
Policy Number		**Broker Number**	

CONTACT

Policyholder DOB: _____ (MM DD YYYY)

Additional Insured DOB: _____ (MM DD YYYY)

Dwelling Age: _____

Age of Roof: _____

SEWER PREVENTATIVE MEASURES:

Backwater Valve Type: -Select-

Sump Pump: -Select-

The following information can also be used towards obtaining the best possible rate.

RISK DETAILS

Exterior Wall Type: -Select-

WATER HEATER:

Age of Water Heater: _____

Water Heater Type: -Select-

Water Leak Detection: -Select-

Roof Type: -Select-

Heat Type: -Select-

Fuel Type: -Select-

Number of Additional Families: _____

Residence Occupied Date: _____ (MM DD YYYY)

ADDITIONAL INFORMATION:

Swimming Pool: -Select-

Intrusion Alarm: -Select-

CLEAR FORM