



APPLICATION FOR TENANT INSURANCE

**NOTE: YOUR APPLICATION MUST BE COMPLETED IN FULL.
 AN INCOMPLETE APPLICATION WILL DELAY THE PROCESSING OF YOUR INSURANCE CERTIFICATE.**

1. APPLICANT INFORMATION

APPLICANT 1 - LAST NAME	APPLICANT 1 - FIRST NAME
APPLICANT 2 - LAST NAME	APPLICANT 2 - FIRST NAME

2A. ADDRESS TO BE INSURED

UNIT NUMBER	STREET NUMBER AND NAME	
CITY	POSTAL CODE	EMAIL ADDRESS

2B. CURRENT MAILING ADDRESS

UNIT NUMBER	STREET NUMBER AND NAME	
CITY	POSTAL CODE	EMAIL ADDRESS

3. TELEPHONE

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4A. SOCIAL HOUSING PROVIDER

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4B. SOCIAL ASSISTANCE

ARE YOU ON: <input type="checkbox"/> OW or <input type="checkbox"/> ODSP

5. OPTIONS (Choose the insurance package you wish to purchase)

<input type="checkbox"/> Option 1 Choose a coverage period: <input type="checkbox"/> 12 Months \$155.52 tax included <input type="checkbox"/> 6 Months \$93.31 tax included <input type="checkbox"/> Monthly \$40 (Down payment)	<input type="checkbox"/> Option 2 Choose a coverage period: <input type="checkbox"/> 12 Months \$207.36 tax included <input type="checkbox"/> 6 Months \$124.42 tax included <input type="checkbox"/> Monthly \$40 (Down payment)
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6. STARTING DATE (on what day do you want your insurance to start)

(MM/DD/YYYY)
Note: Your insurance cannot be back-dated and will not begin until your payment is cleared.

7. PAYMENTS

PAYMENT OPTIONS <input type="checkbox"/> Pay in Full <input type="checkbox"/> Pay Monthly* *If you wish to pay monthly, you must also complete a Tenant Insurance Monthly Payment Plan Agreement.		
METHOD OF PAYMENT <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Direct Bank Payment ** <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		** Please note that we still require your fully completed application if you make a direct bank payment.

8. CONSENT

I/We give my/our consent to SoHo Insurance Inc. to provide to my/our landlord a copy of my/our Certificate of Insurance if my/our landlord requires one as a requirement of my/our lease agreement. In the event a third party has paid or will pay my/our insurance premium, I/we give my/our consent to SoHo Insurance Inc. to provide that third party with a copy of my/our Certificate of Insurance. I/We also give my/our consent to SoHo Insurance Inc. to discuss my/our insurance coverage with the aforementioned parties.	
SIGNATURE OF APPLICANT 1	DATE
SIGNATURE OF APPLICANT 2	DATE