



Location Details				
Insured's Name:		Policy #:	Agent/Broker: _	
Risk Address:  Street Address	ss, City, Province, Postal Code	)		
providing emergenc  The permanent electransfer switch that  The generator must refrigerator, freezer,  The generator must unit must be properly	rator: rator must be owned by to y backup power for the instrical connection to the has been professionally in have sufficient capacity to sump pump, lights, etc. be tested at least every roughly maintained, have all fluconnection servicing must	sured residence. omes electrical serv nstalled and inspect to (start and) power month (recorded) or ids checked and use	rice must be through an a red by the E.S.A. for all essential loads su utilize the automatic "ex e fuel stabilizer if recomr	approved automatic ch as heating, ercise" feature. The nended. Any natural
<ul> <li>backup power for th</li> <li>The electrical conner professionally instal</li> <li>The generator must power outage. (sum</li> </ul>	tor is owned by the policy e insured residence. ection to the home electric led and inspected by the have sufficient capacity t p pumps, food freezers, e be tested at least every r	cal service must be t E.S.A. o provide heat to dv etc)	through an approved dis	connect that has been ential needs during a ave all fluids checked
Permanent Generator				☐ YES ☐ NO
Standby Generator				☐ YES ☐ NO
Disclaimer and I certify that my answers are to		st of my knowledge		
Insured Signature:	as and complete to the be	or or my miowidage.	Date: Click or	tap to enter a date.