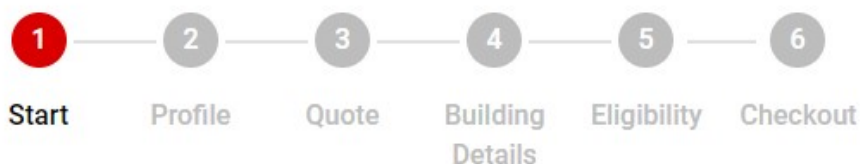


住所入力と、住居タイプの選択



Start your Tenant's Insurance Application

 Search for your address [住所を入力](#)

[住宅タイプを選択](#)

What type of home does applicant need insurance for? ▼

NEXT

住宅タイプの選択肢

上から順に

High Rise (10+ Stories)

10 階以上あるコンドミニアムや高層アパート

Low Rise (Under 10 stories)

10 階未満のコンドミニアムや高層アパート

Townhouse

タウンハウス

Semi-Detached / Duplex / Triplex

二軒連続住宅

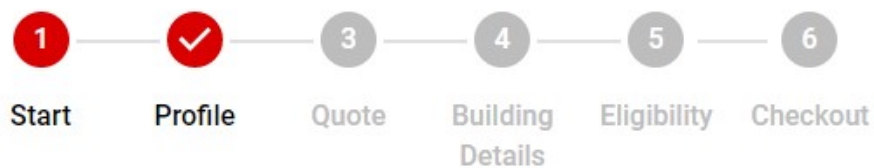
Detached House

一軒家

Basement / Mobile Home / Other

ベースメント

住所入力と、住居タイプの選択 (例)



Start your Tenant's Insurance Application

 511-10 Bellair St, Toronto, ON, M5R 3T8

What type of home does applicant need insurance for?

High Rise (10+ Stories) 

NEXT

個人情報入力



名

Applicant First Name

姓

Applicant Last Name

メールアドレス

Named Insured Email Address

電話番号

Applicant Phone Number

生年月日

What is the applicant's date of birth?



住居の築年数

How old is the building you reside at, approximately?



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住居の築年数の選択肢

Under 35 years

35年未満

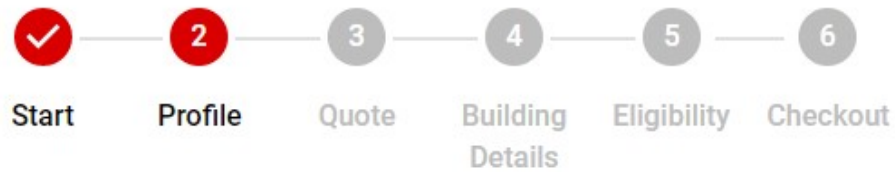
35-70 years

35年～70年

Over 70 years

70年以上

個人情報入力 (例)



Applicant First Name

Taro

Applicant Last Name

Hoken

Named Insured Email Address

taro.hoken@gmail.com



Applicant Phone Number

+1 (647) 123-4567

What is the applicant's date of birth?

12-03-1980



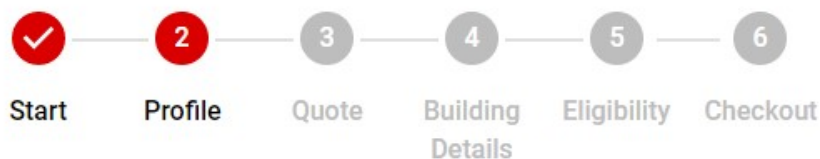
How old is the building you reside at, approximately?

Under 35 years

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補償内容を選択



ご家族以外の同居人がいるか

Do you live with any roommates who are NOT related to you?

Yes No



被保険者の補償内容を選択

Please select the limits of tailored coverages available for you and your roommates (if applicable):

For the Applicant:

1) 所有物の補償上限額を選択(例：日本から持参された衣類やパソコン、ご入居後に揃えられる家具等全て)

Personal Contents coverage limit



2) 保険で補償されている災害等(例：火災)が原因で一時的にお住まいに居住できなくなった場合に発生する費用の補償上限額

Additional Living Expenses



3) ご自宅外で保管されてる所有物の補償上限額

Contents stored off-premises



1) の選択肢

\$10,000
\$20,000
\$30,000
\$40,000
\$60,000
\$80,000
\$100,000

2) の選択肢

\$5,000 (Included)
\$10,000
\$15,000
\$20,000
\$30,000

3) の選択肢

\$5,000 (Included)
\$7,500 (less than \$3/month)
\$10,000 (less than \$5/month)

● Included → 既にパッケージに含まれている最低上限額。こちらを選択した場合は追加保険料は発生しません。

● Less than \$3/month → こちらを選択した場合、追加保険料がかかりますが、月々\$3以下です。

ご家族以外の同居人がいる場合

Do you live with any roommates who are NOT related to you?

Yes No



同居人の人数の数え方 / 家族は1単位

- ご自身と友人1名で同居 → 1を選択
- ご自身と友人2名で同居 → 2を選択
- ご自身（夫婦）ともう一組の夫婦で同居 → 1を選択

How many unrelated roommates or families are you living with? 同居人の人数

1



Please select the limits of tailored coverages available for you and your roommates (if applicable):

For the Applicant: 被保険者の補償内容を選択 (Page 5 をご参照ください)

Personal Contents coverage limit

\$40,000



Additional Living Expenses

\$5,000 (Included)



Contents stored off-premises

\$5,000 (Included)



For Roommate #1: 同居人の補償内容選択と、個人情報入力

Personal Contents coverage limit

\$20,000



First and Last Name

同居人のお名前

Sakura Hosho



How old is this roommate, approximately?

同居人の年齢

30



Additional Living Expenses

\$5,000 (Included)



補償内容を選択 (例)



Do you live with any roommates who are NOT related to you?

Yes No ?

Please select the limits of tailored coverages available for you and your roommates (if applicable):

For the Applicant:

Personal Contents coverage limit

\$40,000 ?

Additional Living Expenses

\$5,000 (Included) ?

Contents stored off-premises

\$5,000 (Included) ?

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住居に関する質問



川や湖など水辺から 300m以内に住居がある、もしくは住居エリアが氾濫原となっている

Is this residence located within 300 meters of a major body of water (river, lake etc) or a known flood plain?

Yes No

あなたの知る限りでは、この住居は以前洪水被害にあったことがある

To your knowledge, has this property ever suffered a damage from flood?

Yes No






あなたの住居は1階、もしくはベースメントに位置している

Is your residence unit located on the Main Floor or in the basement?

Yes No

補償プランの選択

What type of Package would your applicant like to purchase?

<h3>Basic</h3> <p>Meets essential coverage needs</p>	 <h3>Enhanced</h3> <p>Best value for the price</p>	<h3>Premium</h3> <p>Best coverage with extra peace of mind</p>
<p>Most basic coverage - your personal belongings will only be insured against a standard list of events</p> <hr/> <p>This package covers damage as a result of the following events:</p> <ul style="list-style-type: none"> • Fire • Theft • Falling Tree • Windstorm • Hail • Glass Breakage • Burst Pipe • And more... <p>✓ Minimum Special Limits Included </p>	<p>This package covers everything listed in the Basic Package, and protection against accidental damages*.</p> <hr/> <p>This package also includes accidental damages such as:</p> <ul style="list-style-type: none"> • Fire • Theft • Falling Tree • Windstorm • Hail • Glass Breakage • Burst Pipe • Higher Special Limits available • Accidental Damage Included • Mysterious Disappearance Included • Sewer Back Up Included • And more... <p>*Losses from certain events may not be covered </p>	<p>This package covers everything listed in the Enhanced Package, as well as extra water coverage</p> <hr/> <p>This package also includes additional water related accidental damages such as:</p> <ul style="list-style-type: none"> • Fire • Theft • Falling Tree • Windstorm • Hail • Glass Breakage • Burst Pipe • Higher Special Limits available • Accidental Damage Included • Mysterious Disappearance Included • Sewer Back Up Included • And more...
<p>Please note this package does NOT include:</p> <ul style="list-style-type: none"> • Accidental Damage • Mysterious Disappearance • Sewer Back Up • Overland Water Damage (Flood) Coverage 	<p>Please note this package does NOT include:</p> <ul style="list-style-type: none"> • Overland Water Damage (Flood) Coverage 	<p>✓ Overland Water Damage (Flood) Included </p> <p>*Losses from certain events may not be covered </p>

所有物の補償上限を選択済ですが、下記の物には別途限度額が定められています。

Special Limits of Coverage: following items will be covered for the limits shown below*:

- Jewelry - \$2,000
- Bicycles and eBikes - \$1,000
- Computer Coverage (includes on-premises computers and digital media) - \$2,500
- Portable Devices - \$1,000
- Fine Arts - \$1,000
- *The limits shown above do not increase the Amounts of Insurance under this policy. These limits are covered within and not in addition to the Personal Contents coverage limit selected earlier in this application.

上記のリストに対し、上限を変更したい場合は Yes を選択 / そのままで良い場合は No を選択

Do you wish to purchase a higher limit for any of the above?

Yes No

上限を変更する場合

Do you wish to purchase a higher limit for any of the above?

Yes No

How much coverage would you like for your: [上限額をそれぞれ選択する。そのままでもよいものは Included を選択](#)

Jewelry [貴金属類](#)
\$2,000 (Included) ▼

Bicycles and eBikes [自転車と eBike](#)
\$1,000 Included ▼

Computer Coverage [コンピューター](#)
\$5,000 (less than \$3/month) ▼ ⓘ

Portable Electronic Devices [スマホ、タブレット、ノートパソコンなど](#)
\$2,000 (less than \$2/month) ▼ ⓘ

Fine Arts [絵画](#)
\$1,000 Total / \$250 per item (Included) ▼

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例) コンピューター選択肢

\$2,500 Included

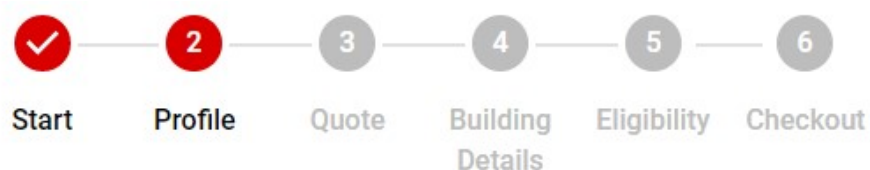
\$5,000 (less than \$3/month)

\$7,500 (less than \$5/month)

\$10,000 (less than \$7/month)

- Included → 既にパッケージに含まれている最低上限額。こちらを選択した場合は追加保険料は発生しません。
- Less than \$3/month → こちらを選択した場合、追加保険料がかかりますが、月々\$3 以下です。

補償内容を選択



第三者賠償責任補償上限額

※ リース契約によりテナント保険への加入が義務付けられている場合、賠償責任補償の最低上限が定められている場合がございます。ご確認の上ご入力ください。

How much Personal Liability coverage would you like?

\$1,000,000



免責額 (保険請求の際に、ご自身がお負担される金額)

Please select your policy deductible

\$500



過去 5 年間で、住宅または第三者賠償責任保険への保険請求があるか

In the last 5 years, have you or any proposed insured in this application made any claims under a Personal Property or Liability insurance?

No Claims

保険開始日

※ ご入居日がリース契約開始日より遅くなる場合でも、リース契約日からのご加入が義務付けられている場合がございます。ご確認の上ご入力ください。

Enter or select the date you would like coverage to take effect

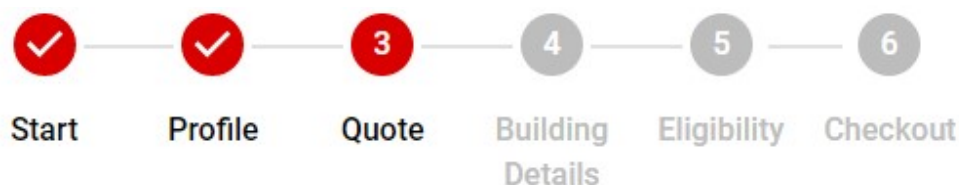
01-08-2022



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お見積り / 支払い方法の選択





これまで選択した情報を元に見積りができます。

Quote Details

Choose your Payment Plan:

月払いか、1回払いかを選択。月払いにした場合数%の手数料が追加でかかります。

 Monthly \$35.13 12 Equal Payments Totalling: \$421.56	 Annual \$383.12 ✓ Save \$38 compared to Monthly
---	---

Your quote is valid until August 18, 2022

Minimum 25% of premium is fully retained at inception

この見積金額の有効期限

保険料 25%は返金不可

選択した補償内容の概要と、保険料詳細↓

Personal Contents	\$40,000
Additional Living Expenses	\$5,000
Personal Liability	\$1,000,000
Policy Package	Enhanced
Annual Premium	\$315.00
Taxes & Fees	\$68.12
Total	\$383.12
Full Quote Details	▼

郵便先住所の確認



郵便物等の郵送先のご住所と、この度保険を必要としているご住所が同じ場合は No を選択
Is the applicant's mailing address different than their business address?

Yes No

郵便先住所が違う場合は Yes を選択し、住所を入力
Mailing Address

Mailing Unit	Mailing Street Address	?
Mailing City	Mailing Postal Code	Mailing Province

被保険者名の追加



リース契約者名が 1 名の場合は No を選択

Is there an immediate family member, spouse or a common law partner listed as a Co-Applicant on the Rental or Lease agreement?

Yes No

リース契約書に連名者がいる場合は Yes を選択し、お名前を入力

Co-Applicant Details:

Co-Applicant First Name	Co-Applicant Last Name
-------------------------	------------------------

適格条件に関する質問



住居をビジネス利用しているか

Do the applicant, any resident of this location or anyone being named on this policy own or operate a business from home?

Yes No

保険請求が必要になりうる事実、状況、環境があるか

Are there any facts, circumstances or situations which could give rise to a claim which would fall within the scope of the proposed insurance?

Yes No

過去 5 年間で、住宅または第三者賠償責任保険について、保険会社により解約、加入拒否、更新無効とされたことがあるか

In the last 5 years, has any Insurance Company ever cancelled an applicant's Residential or Liability Insurance policy for not disclosing or misrepresenting any material facts in their insurance application?

Yes No

犬を飼っているか

Does the applicant have any dogs in the home?

Yes No

他に住居を所有しているか

Does the applicant own any other residential property such as a house, rental property, condominium, cottage, camp or a seasonal dwelling?

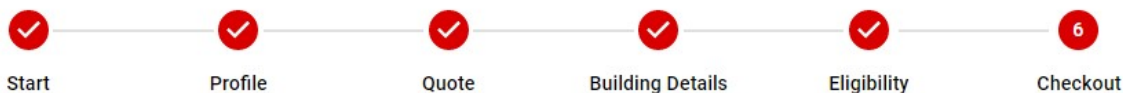
Yes No

- American Staffordshire Terriers, American Pit Bull Terriers, or Staffordshire Bull Terriers, all commonly known as Pit Bulls
- Doberman Pinschers
- Rottweilers
- Chow Chows
- Presa Canarios
- Wolf Hybrids
- Rhodesian Ridgeback
- Japanese Akita
- Cane Corso
- Tosa
- Dogo Argentinos
- Fila Brasileiros
- German Shepherds
- Huskies
- Boxer
- Bullmastiffs
- Labrador Retrievers
- Guard Dogs

犬を飼っている場合

左のリストに該当する犬種の場合は、保険が適用されませんのでご注意ください。

情報の最終確認



You're all set to go!
Now, let's review and bind your policy
Please Confirm The Following Information Is Accurate

Policy Holder Information

Policy Holder First Name

Taro

Policy Holder Last Name

Hoken

Policy Holder Email Address

taro.hoken@gmail.com

Policy Holder Phone Number

+1 (647) 123-4567

Enter or select the date you would like coverage to take effect

01-08-2022



Insured Address



Unit

511

Street Address

10 Bellair St



City

Toronto

Province

Ontario

Postal Code

M5R3T8

入力情報に間違いがないか 今一度ご確認ください。

情報の最終確認



Review Your Policy Details & Payment Plan

Choose your Payment Plan:

Monthly

\$35.13

12 Equal Payments
Totalling: \$421.56

Annual

\$383.12

✓ Save \$28
compared to Monthly

Payment Description	Details
Payment Plan	Annual
Total Cost of Policy	\$383.12
One-time Charge to Credit Card	\$383.12

Payment will be drawn immediately upon purchase. This one-time payment will be withdrawn regardless of the effective date of your policy. This can not be adjusted.

Policy Package	Enhanced
Total Premium	\$315.00
Premium Tax	\$25.20
Taxable Administrative Fees	\$30.00
Non-Taxable Administrative Fees	\$11.42
PST	\$0.00
GST/HST	\$1.50
Total	\$383.12

Full Quote Details

ご希望の保険料金 + 支払い方法であるか 今一度ご確認ください。

クレジットカードカード情報の入力



Complete your Purchase

Payment Details

Payment Plan	Annual
Total Cost of Policy	\$383.12
Today's Charge to Your Credit Card	\$383.12

Minimum 25% of premium is fully retained at inception

Payments will be withdrawn immediately upon purchase, regardless of the effective date of your policy. Please note that this cannot be adjusted.

With today's purchase you will be automatically eligible for our Easy Renewal, which will allow you to renew your policy next year with just one click. Your encrypted payment information will be securely stored by Stripe, and APOLLO will notify you by email when it is time to renew.

Credit Card Information



VISA

VISA
DEBIT

AMERICAN
EXPRESS

CARD NUMBER

MM / YY CVC

By signing below, you confirm that the answers provided in this application are correct to the best of your knowledge, that you have not suppressed or misstated any material facts, and you agree that you are entering into a contract to bind the coverage selected in this application. By clicking on the "Complete Purchase" button below, payment will be processed through the provided credit card for the Annual or the Monthly amount shown above and policy documentation will be emailed to you instantly. [?](#)

Sign by entering your full name

Required Field

I confirm that by submitting my credit card information, I have read and agree to the [Warranty Statement, Fee Disclosure, and Financing Terms and Conditions](#) with electronic signature described herein.

Your credit card will be charged your full annual payment of \$383.12 immediately upon completion of this purchase. You will not be charged again until your policy renews one year from now.

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COMPLETE PURCHASE

クレジットカード情報を入れて、**COMPLETE PURCHASE** ボタンを押したら契約完了です。

入力メールアドレスに保険証書、レシートなどの書類が届きます。