

No 904825

Expiring Policy No. 5251952 Policy No.

HEAD OFFICE COPY

This application contains a Limitation of Liability Clause and Statutory Conditions contained in policy hereby applied for in

THE WAWANESA MUTUAL INSURANCE COMPANY

Head Office: WAWANESA, Manitoba

G. L. TASTAD Christian Name the applicant of LOREBURN hereby make application to the above named Company for insurance against loss or damage by Fire or Lightning, for the term of 36 Months, commencing the 28 day of FEB 19 54 at 12 Noon, on the property hereinafter described owned by ASSURED West of the 3rd Meridian Loss (if any) on buildings, payable to ASSURED Section 27 Range 5 Post Office LOREBURN

Table with columns: Description of Property to be Insured, Built of, Roofed With, Dimensions, Stories or Height, Foundations, Age of Bldgs., Rodded Yes or No, Present Cash Value, Amount of Insurance, Rate, Premium, Head Office Use Only. Includes entries for various buildings like 'On the Building, only while occupied as private dwelling', 'On Household Contents', 'On the Building, only while occupied as barn', etc.

On a Tractor manufactured by... On a Combine manufactured by... On Farm Implements... On Livestock not more than \$100.00 on any one Horse, \$25.00 on any one Pig, Sheep or Goat, and \$1.00 on one fowl...

REPLACEMENT CLAUSE, (as per reverse side of this form) attached and made part of your policy? YES or NO No. 11 No. from foundation? No. 12 No. tile lined and from foundation? No. 13 No. from brackets? No. 14 Are there any metal chimneys on any buildings on the premises? No. 15 If so, where? No. 16 Are all chimneys, pipes and stoves in good condition? No. 17 Is dwelling heated by Furnace? No. 18 If Furnace, hot water or hot air? No. 19 Is the property now or has it been subject to litigation? No. 20 In what Company was the property previously insured? No. 21 Is there any other insurance hereon? No. 22 If so, give particulars. 23 Has any Company refused you fire ins? No. 24 Has any Company declined to insure this risk? No. 25 State number and date of previous fires, if any. 26 Is farming only business carried on? Yes. IF SO RISK DECLINED. Date FEB 6/54 Applicant Signature C.W. SNY STEAD P.O. ADDRESS LOREBURN, STRONGFIELD

IF POLICY IS TO BE WRITTEN ON NOTE BASIS BE SURE TO HAVE NOTE ON REVERSE SIDE OF THIS FORM SIGNED BY APPLICANT.