THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

**APPLICANT:** Name of Insured:

Mailing Address:

Location Address:

Mortgagee(s):

Additional Insured(s)including details:

**ELIGIBILITY QUESTIONS**

1. Type of property to be insured:  Residential  Commercial  Farm  Other

2. Has the applicant had any policy of property insurance cancelled or non-renewed

in the past (three) years for reasons other than vacancy?  Yes  No

3. Has the applicant been convicted of the crimes of arson or insurance fraud?

4. Is the applicant currently involved in bankruptcy proceedings?  Yes  No

5. Is the property to be insured subject to any tax or mortgage liens?  Yes  No

6. Is the property to be insured subject to more than two mortgages or other encumbrances

or a mortgage provided by an individual or entity other than a financial institution?  Yes  No

7. Is the property to be insured condemned, scheduled for demolition or located in a high

crime neighbourhood?  Yes  No

8. Does the existing structure exceed 3 (three) stories or involve adding a storey to the

existing structure or will exceed 30000 square feet when complete?  Yes  No

9. Does any of the work involve any of the following: renovation after fire, theft or vandalism,

extensive gutting, raising, elevating, lifting or placing on pilings of an existing building or

structure, lead, asbestos or other pollutant abatement?  Yes  No

10. Does the project involve structural work or structural repairs or is the renovation/remodelling

project costs more than 150% of the existing structure value?  Yes  No

11. Is the property to be insured any of the following: modular, manufactured or mobile

homes, earth homes, dome homes, open pier, stilt homes, row or townhomes, unique,

green or experimental or any other non conventional building?  Yes  No

12. Is the property to be insured recognized as a historical building?  Yes  No

13. Will the property to be insured remain locked & secured against unauthorized entry

throughout the policy period when building is unattended?  Yes  No

14. Does the property to be insured include knob & tube or aluminium wiring or fuses?  Yes  No

If yes, is replacing same with new wiring and breakers part of the project?  Yes  No

15. Are all relevant permits in place and is the Contractor licensed?  Yes  No

16. Is the applicant acting as Contractor?  Yes  No

If yes,

1. Is the applicant performing any of the work?  Yes  No
2. Do all the Contractors carry commercial general liability insurance coverage

with a minimum occurrence limit of $1,000,000?\*  Yes  No

If no,

d) Is there a signed written contract between the applicant and the Contractor?  Yes  No

e) Does the Contractor carry commercial general liability insurance coverage with a minimum

occurrence limit of $1,000,000?  Yes  No

**COVERAGE AND PROPERTY DETAILS**

17. Period of Insurance:  3 months  6 months  9 months  12 months

18. Town Grade

19. Value of existing structure: $

20. Total Sq Footage of Proposed Final structure:

21. # of floors:

22. Construction Type:  Frame  Masonry  Jointed Masonry  Non Combustible Masonry

Modified Fire Resistive  Fire Resistive  Brick Veneer

23. Age of Building or last full utility upgrade (full upgrade refers to upgraded electrical, heating and plumbing):

0-25 years  26-50 years  51-75 year

24. When was the roof last replaced?  0-25 years  26-50 years  51-75 year

25. Please confirm the building will be constantly heated to at least 15 degrees Celsius at all times:  Yes  No

26. Are there any other Structures to be insured?  Yes  No If yes, Value of Other Structure(s): $

Please provide a brief description of other structures insured:

27. Do you require personal property?  Yes  No If yes, Value of property to be insured: $

28. Deductible requested:  $1,000  $2,500  $5,000  $7,500  $10,000  $15,000  $25,000

29. Type Of Quote requested:  Named Perils  Multiple Perils

30. Estimated Renovation or Construction Work Project Costs: $

31. Describe the type of work to be performed during the policy period: Replacing washroom fixtures

Replacing kitchen cabinets/furnishing  Replacing plumbing/electrical or heating Interior painting

Interior painting  Exterior painting  Reconfiguring interior units, moving non load bearing walls & doors

Replacing exterior windows or doors  Removing/replacing/adding load bearing walls

Replacing roof shingles  Extension to building If ‘Other’, please describe the type of work:

32. Is Riot, Vandalism and Malicious Mischief cover required?  Yes  No

a) If yes, do you also wish to buy coverage for Theft of Building Materials ($50,000 sublimit)?  Yes  No

33. Is Sprinkler Leakage Coverage required?  Yes  No

34. If building is <50 yrs old, do you wish to buy Sewer Back Up coverage?  $10,000  $25,000  $50,000  No

35. Do you wish to buy Earthquake coverage?  Yes  No

36. Premises Liability:  Yes  No If yes, limit required:  $1,000,000  $2,000,000

37. Soft Costs coverage:  $10,000  $25,000  $50,000  $75,000

38. Do you wish to buy Building Damage Theft coverage?  $5,000  $10,000  $25,000  $50,000  No

39. How often is the building inspected ?  Daily  Weekly  Monthly  Living on site  Other

40. Which Utilities are operational:  Electricity only  Water only  Heating only  All Utilities operational  None

41. Please select type of Security at Location to be insured:  Fenced/Gated  Guarded  Automatic Sprinkler System

Active Central Station Fire Alarm  Active Central Station Burglar Alarm  Lighting on property location  None

42. Have there been any insured or uninsured losses or claims at the property to be insured?  Yes  No

a) if yes, describe:

**DECLARATION**

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

PLEASE CONFIRM THAT YOU ARE PREPARED TO RECEIVE ELECTRONIC EXECUTION AND DELIVERY OF THE POLICY BY CHECKING THE BOX.

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Applicant’s Signature Retail Broker’s Signature

Date       Date

**BROKER:** Agent/Broker:

Address:

Tel No.:       Email: