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.

**\*ITV and photos (front, rear, roof and 2 interior) required upon binding**

**BROKER:** Agent/Broker:       Tel No.:

Address:       Email:

**APPLICANT:** Name of Insured:

Mailing Address:

Location Address:

Mortgagee(s):

Additional Insured(s):

**ELIGIBILITY QUESTIONS**

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

2 Reason for & anticipated length of vacancy:

3. The property has been vacant since:

If >24 months advise reason:

4. Has the property to be insured been continuously covered by a policy of

property insurance since becoming vacant?  Yes  No

If No, advise length of gap & reason:

5. Is the building(s) to be insured secured against unauthorized entry?  Yes  No

6. 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

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

8. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?  Yes  No

9. Has the property to be insured been condemned or is it scheduled for demolition?  Yes  No

10. Existing damage to building(s) to be insured?  Yes  No

11. 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

12. Has the applicant been convicted of the crimes of arson or insurance fraud?  Yes  No

13. Is the property to be insured undergoing any renovation or construction work of any kind,

or is any such work due to commence while insurance is in effect?  Yes  No

If the answer above is “yes” please answer the following questions

a) Is the renovation or construction work:

(i) being performed by a contractor or owner where project costs exceed $400,000; or

(ii) involve structural work or structural repairs being performed by any person?  Yes  No

b) Estimated Renovation or Construction Work Project Costs: $

c) Description of Renovation or Construction Work:

d) Is Work being undertaken by a Contractor?  Yes  No

e) What CGL Limit carried by the Contractor?  $300,000  $500,000  $1,000,000  None/Unknown

**COVERAGE AND PROPERTY DETAILS**

13. Hydrant within      m Firehall within       km

14. Period of Insurance:  3 months  6 months

15. Total Sq Footage of building to be insured including outbuildings:

16. Is Vacant Condominium Unit Owners Coverage required?  Yes  No

17. Value of Building: (Total value of Main Building excluding Other Structure(s)): $

18. Construction Type?  Frame  Masonry  Jointed Masonry  Non Combustible Masonry

Modified Fire Resistive  Fire Resistive  Brick Veneer

19. Year Built?       Year updated: Roof       Electricity       Plumbing       Heating

Electrical:  Fuses  Circuit Breakers  60AMP  100AMP  200AMP  Aluminum  Knob&Tube  Other describe)

Heating:  Gas Furnace  Hot Water Boiler  Oil Furnace  Electric  Woodstove  Other describe)

Plumbing: Copper       % PVC       % Galvanized       % Other       %(describe)

20. Is the building constantly heated to at least 15 degrees Celsius at all times:  Yes  No

21. 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:

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

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

25. Type Of Quote requested:  Named Perils  Multiple Perils

If Multiple Perils, is Riot, Vandalism or Malicious Acts cover required?  Yes  No

Sewer back up  Yes  No

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

27. How often is the building inspected by the applicant (or representative)?  Daily  Weekly  Monthly  Other

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

29. Is there a fully functional Central Station Burglar Alarm with active monitoring contact?  Yes  No

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

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:

**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