

☐ QUOTE ONLY ☐ PLEASE BIND

RENTED DWELLING APPLICATION

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| | |
|--|--|
| Has this risk been declined, refused or cancelled by another insurer? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please describe: | |
| Will there be any renovations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If applicable, what is the budget renovations? | |
| If applicable, will there be any structural renovations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| What are the scope and general details of the renovations: | |
| Is the building slated for demolition? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Number of liens/encumbrances/mortgages: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| Are there any sewer backup losses, insured or otherwise, at this location in the past 5 years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are there any other types of losses, insured or otherwise, at this location in the past 5 years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please provide details: | |

COVERAGES - LIMITS

| | | |
|--|--|-------------------|
| Dwelling Building: | Detached Structures: | Major Appliances: |
| Premises Liability: | Rental Income: | Deductible: |
| Sewer Backup: <input type="checkbox"/> YES <input type="checkbox"/> NO Limit Required: | Earthquake: <input type="checkbox"/> YES <input type="checkbox"/> NO | |

INFORMATION REQUIRED UPON BINDING:

| | |
|---------------------------------|-----------------------------|
| Requested Effective Date: | Principal(s) if applicable: |
| Postal Address: | City: Prov: PC: |
| Loss Payable(s) Name & Address: | |

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

| | |
|----------------------------|---------------|
| Signature of Applicant(s): | Date: |
| Signature of Broker: | Date: |
| Broker Firm: | Broker AGT #: |
| Broker Email: | Tel: Fax #: |

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizpersonal@premiergroup.ca ****

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