

| VACANT BUILDING APPLICATION | | | Page 1 of 1 |
|---|---|--|------------------------------|
| APPLICANT | | ☐ QUOTE ONLY | ☐ PLEASE BIND |
| Name of Applicant(s): | | Date(s) of Birth: | |
| Are there more than 2 registered owners? | | | ☐ YES ☐ NO |
| Postal Address: | City: | Prov: | PC: |
| Risk Location Address: | City: | Prov: | PC: |
| DWELLING | | | |
| Year Built: | | | |
| Type of Building: | | | |
| Construction: ☐ Masonry ☐ Frame ☐ Semi-Detached ☐ Veneer ☐ Log ☐ Other(describe): | | | |
| Square Footage: | No. of Stories: | | |
| Year of Roof Update: | Size of Lot: Less than 3 a | cres |): |
| Is the property viewable from the road? | | | ☐ YES ☐ NO |
| Is the property on a paved road? | | | ☐ YES ☐ NO |
| Distance to Fire Hydrant: | Distance to Firehall: | | |
| UNDERWRITING | | | |
| Current Status of Property: | | | |
| Have measures been taken to maintain the prop | perty/grounds & prevent the building | from looking unoccupied? | ☐ YES ☐ NO |
| Is the property being maintained in a usable and | d saleable condition at all times (i.e. r | no boarded up windows)? | ☐ YES ☐ NO |
| Is the property checked every 72 hours by a cor | npetent person? | | ☐ YES ☐ NO |
| Name of person checking building every 72 | | | |
| Are there any losses, insured or otherwise, at the | nis location in the past 5 years? | | ☐ YES ☐ NO |
| If yes, please provide details: | | | |
| VACANCY | | | |
| Date building became/will become vacant (value) | acant max 21 months to date): | //(mm/dd/yyyy) | |
| Requested Effective Date:// | (mm/dd/yyyy) | | |
| Requested Expiry Date (min 3 month term) | :/(mm/dd/yyyy) | | _ |
| Will the building be slated for demolition? | | | ☐ YES ☐ NO |
| Will there be any renovations? | | | ☐ YES ☐ NO |
| If there will be renovations, what is the budg | - | | |
| If there will be renovations, will there be any | / structural renovations? | | ☐ YES ☐ NO |
| If applicable, describe renovation details: | | | |
| LIMITS | | | |
| Building: \$ | Detached Structures: \$ | | |
| Major Appliances: \$ | Premises Liability: \$ | Sewer Back Up: | ☐ YES ☐ NO |
| Number of liens/encumbrances/mortgages: | | | |
| Loss Payable(s) name(s) and address(es): | | | |
| | | | |
| DECLARATION / CONSENT | | | |
| PLEASE READ BEFORE SIGNING: A claim will become invalid a prejudice of the insurer or knowingly misrepresents or fails to discl | | | |
| to these facts during the term of the contract; (c) the insured contract | avenes a term of the contract or commits a fraud; o | or (d) the insured willfully makes a false state | ement in respect of a claim. |
| The Applicants have reviewed all parts and attachments of this ap based on the truth and completeness of this information. | plication and acknowledge that all information is tru | ue and correct and understand that this appl | ication for insurance is |
| The personal information provided in this document and in the future | | | |
| insured's representative or insurance company, subject to local leginsurance and underwriting any such policies, evaluating claims, d | | | |
| contained in this document have authorized that I agree to the abo | | | |
| NOTE: Insurance is not in effect until Premier has issued a bi | nder or policy documents. | | |
| Photos of the front & rear of the dwelling are requ | ired. | | |
| Signature of Applicant(s): | Date: | | |
| 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 - newbizcommercial@premiergroup.ca ** | | | |

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