

VACANT CONDOMINIUM APPLICATION

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: _____

BUILDING

Year Built: _____

Distance to Fire Hydrant: _____ Distance to Firehall: _____

UNDERWRITING

Date dwelling became or will become vacant: _____

Current Status: to be sold renovations being performed will be owner occupied owner temporarily relocated
 will be rented dwelling in estate property under financial distress
 other (describe): _____

Is the property being maintained in a usable and saleable condition at all times (ie. no boarded-up windows)? YES NO

Is the property checked at least twice a month by a competent person? YES NO

Name of person checking condo at least twice per month: _____

Will there be any renovations? YES NO

If yes, what is the renovation budget? _____ Will there be any structural renovations? YES NO

Renovation details: _____

Any sewer backup losses, insured or otherwise, at this location in the past 5 years? YES NO

Any other types of losses, insured or otherwise, at this location in the past 5 years? YES NO

If yes, please provide details (date, amounts paid, cause of loss, repair details, is claim open or closed?): _____

COVERAGES - Limits: _____ **Major Appliances:** _____ **Premises Liability:** _____

POLICY TERM - Requested Effective Date: _____ **Requested Expiry Date:** _____

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 NUMBER OR POLICY DOCUMENTS.

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 - newbizpersonal@premiergroup.ca ****

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