

VACANT DWELLING 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:

DWELLING

Year Built:

Type of Building:

- Detached Home Duplex or Triplex Semi-Detached Fourplex Townhouse/Row House (structure less than 6 units)
 Mobile Home (fully blocked, skirted + connected to utilities) Other(describe):

Construction: Masonry Frame Semi-Detached Veneer Log Other(describe):

Square Footage:

No. of Stories:

Year of Roof Update:

Size of Lot: Less than 3 acres More than 3 acres (#):

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:

- to be sold will be owner occupied owner temporarily relocated will be rented dwelling in estate
 property under financial distress other (describe):

Have measures been taken to maintain the property/grounds & prevent the dwelling from looking unoccupied? YES NO

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

Is the property checked every 72 hours by a competent person? YES NO

Name of person checking dwelling every 72 hours:

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

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

If yes, please provide details:

VACANCY

Date dwelling became/will become vacant (vacant 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 budget?

If there will be renovations, will there be any structural renovations? YES NO

If applicable, describe renovation details:

LIMITS

Dwelling 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 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 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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