



**BUILDING OWNERS / RENTED PROPERTY
APPLICATION**

Name of Applicant _____

Principles, if a Company _____

Mailing Address _____

Location of Risk _____

Tenant Occupancy _____

Mortgagee(s) Name & Address (Include Postal Code) _____

Provide five (5) year loss history

Date of Loss	Insurer	Paid/Reserve	Type and Cause of Loss

Prior Carrier Information

Previous Insurer(s) Company: _____ Policy Term: _____
 Policy No.: _____ Agent: _____

Has the applicant ever been cancelled or refused insurance? Yes _____ No _____

If yes, please provide details _____

Is proof of insurance obtained from Tenants? Yes _____ No _____

If yes, what limit is required for: CGL \$ _____
TLL \$ _____

Is Applicant named as an additional insured on the Tenants policy? Yes _____ No _____

Building Maintenance

A. Cleaning and/or Janitorial services are done by:

Insured Yes _____ No _____
Tenant Yes _____ No _____
Subcontractor Yes _____ No _____ Cost \$ _____
Other: (Specify) _____

B. Snow and Ice Removal are done by:

Insured Yes _____ No _____
Tenant Yes _____ No _____
Subcontractor Yes _____ No _____ Cost \$ _____
Other: (Specify) _____

C. Other Maintenance services are done by:

Insured Yes _____ No _____
Tenant Yes _____ No _____
Subcontractor Yes _____ No _____ Cost \$ _____
Other: (Specify) _____

D. Any other Loss Control Programs? Yes _____ No _____

If yes, describe: _____

Building Information and Protection

Distance to: Hydrant Protected _____ Firehall _____ Paid or Volunteer _____
Sprinklered? _____ Alarm? _____ Monitored, Local or Central _____

BUILDING CONSTRUCTION	ORIGINAL BLDG	FIRST ADDITION	SECOND ADDITION
Walls			
Roof			
Floors			
Type of Heating			
Ground Floor Area			
Fuses or Breakers			
Number of Stories			
Year Built			
If over 25 years			
Year Plumbing Updated		Year Heating Updated	
Year Wiring Updated		Year Roof Updated	

Coverages Required

	Form	Deductible	Limit Required
Building			
Rents			
Liability			
Other (Specify)			

Insurance Broker _____
Address of Broker _____

Marketer's Name _____
E-mail Address _____

Phone Number _____ Fax Number _____

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Protection and Electronic Documents Act (PIPEDA)

Print name of proposed insured

Signature of Applicant & Title

Date

Signature of Broker

Date

Signature of Witness

Date