



[Realty]

RESIDENTIAL REALTY & CONDO/STRATA CORPORATION APPLICATION

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PART 1 GENERAL INFORMATION

Named Insured:		Strata/ Condo Name:	
Property Management Company:			
Mailing Address:			
Risk Address:			
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Duplex	<input type="checkbox"/> Condominium/ (Apt. style)	<input type="checkbox"/> Apartment
<input type="checkbox"/> Bareland	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial
<input type="checkbox"/> Airspace	Easement Agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach

PART 2 INSURANCE HISTORY

Insurer:	Continuously insured since:
Current Insurance: Policy Number:	<input type="checkbox"/> No Previous insurance
Expiry Date:	
Current Insurer Expiry Premium: \$	
Ever cancelled for non-payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason:
Ever cancelled, declined or refused insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason:
Any claims, losses, or incidents in the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe below:

PART 3 DETAILS

# of Buildings:	Total Area:	(Sq Ft)				
Year Built:	# of Stories:					
RESIDENTIAL UNITS:	Total # Units:	# Owner Occupied:	# Long Term Rented:			
Short Term Rented:	# Vacant:					
COMMERCIAL UNITS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete Commercial Section on Page 5				
AMENITIES:	<input type="checkbox"/> Amenity Room	<input type="checkbox"/> Playground	<input type="checkbox"/> Pool/Hot Tub	<input type="checkbox"/> Workshop	<input type="checkbox"/> Fitness Room	<input type="checkbox"/> Guest Suite
CONSTRUCTION:	Wood Frame:	% Fire Resistive:	% Other:	% (Please describe below)		

Roof:

Type:

Year Updated:

☐

Full

☐

Partial

Exterior Finish:

Type of Exterior Cladding:

Plumbing:

Year Updated:

☐

Full

☐

Partial

☐

PVC

☐

PEX

☐

Copper

☐

ABS

Galvanized present or remaining: ☐ Yes ☐ NoPolybutylene (Poly B) present or remaining: ☐ Yes ☐ NoKitec present: ☐ Yes ☐ No**Electrical:**

Year Updated:

☐

Full

☐

Partial

Type of Wiring: ☐ Copper ☐ Aluminum ^{*}If Aluminum^{*}, is it pigtailed? ☐ Yes ☐ No ^{*}Current electrical inspection report required☐

Breakers

☐Fuses^{*}☐

Other (please describe):

^{*} Only S Type Fuses acceptedMin. 60 AMP/ Unit: ☐ Yes ☐ No**Heating:**

Type:

Year Updated:

☐

Full

☐

Partial

Air Conditioning: ☐ Yes ☐ NoAuxiliary Wood Heat: ☐ Yes ☐ NoSystem regularly inspected and maintained/ cleaned annually: ☐ Yes ☐ NoIs auxiliary wood heat present: ☐ Yes ☐ No ^{*}If auxiliary wood heat is present; a wood heat questionnaire must be completed**Fire Protection:**☐

Public

☐

Volunteer

☐

Private

Fire Hall Distance:

Km

Fire Hydrant Distance:

Meters

If fire hydrants are privately maintained, please provide details below:

☐

Fully Sprinklered 100%

☐

Partially Sprinklered, please specify areas:

Snow Removal:

If there is a snow removal contract in force or is snow removal performed by the insured: ☐ Third Party Contractor ☐ Insured / Volunteer

(Detailed Snow Logs are required to be kept)

	Limits		Deductibles
Building:		AOL:	
Contents:		Sewer:	
Equipment:		Water:	
Rental Income*:		Flood:	
		Earthquake:	% Min \$

* All units must be owned by one (1) entity if condo / strata

Boiler Machinery:	\$	<input type="checkbox"/> Comprehensive Form
		Air Conditioners: <input type="checkbox"/> Yes <input type="checkbox"/> No # of units:
		Refrigeration Units: <input type="checkbox"/> Yes <input type="checkbox"/> No # of units:
Equipment: Example: Excavator	\$	Deductible: _____ % Min. \$ _____ <input type="checkbox"/> RC <input type="checkbox"/> ACV OR: \$ _____
CGL:	\$	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made:
CGL Deductible:	\$	
Directors & Officers:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No Claims Made:
Volunteer Accident:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cyber:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crime:	\$	<input type="checkbox"/> BFMS <input type="checkbox"/> Hold up <input type="checkbox"/> Burglary <input type="checkbox"/> Deposit Forgery <input type="checkbox"/> Money Orders/ Counterfeits <input type="checkbox"/> Employee Dishonesty Form <input type="checkbox"/> A <input type="checkbox"/> B
Legal Expense:	\$	
Terrorism:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

CGL Underwriting:

Fully Describe ALL Strata / Condo Corporation Operations:

CGL Exposures:

- | | | |
|--|---|---|
| <input type="checkbox"/> Pools | <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Pump House(s) |
| <input type="checkbox"/> Sauna | <input type="checkbox"/> Fitness Room(s) | <input type="checkbox"/> Electrical Shed(s) |
| <input type="checkbox"/> Hot Tubs | <input type="checkbox"/> Wharf/ Dock(s) | <input type="checkbox"/> Bridge(s) |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Water Treatment Facility | <input type="checkbox"/> Sewer Treatment Facility |
| <input type="checkbox"/> Playground equipment (provide photos) | <input type="checkbox"/> Workshop(s) | <input type="checkbox"/> Pond/Water Feature |
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Club House(s) | |

Additional Insured(s)	1.	w/r/t:
	2.	w/r/t:
	3.	w/r/t:

Commercial:

Total Number of Commercial Units:

Are the Commercial Occupancies under the same Strata Plan Number: ☐ Yes ☐ NoIs this an Airspace Strata: ☐ Yes ☐ NoNumber of **Vacant** Units:Number of **Long-Term** Rental Units:Number of **Short-Term** Rental Units:**Commercial Occupancy Schedule:**

Unit #	Business Name	Description of Occupancy and Hazards & Special Protection	Deep Fat Frying? If Yes, how often are the Automatic Suppression Systems Serviced?	Square Footage

Bare Land:

What is the Bare Land Strata Cover?

If Property coverage is required, please describe:

Do they operate their own sewer treatment facility?

☐ Yes ☐ No

If Yes, please complete Water Supply Questionnaire & Sewer System Supplement

Is Strata/Condo responsible for road maintenance?

☐ Yes ☐ No

If Yes, please advise:

How many kilometers is/are the road(s)?

Are arrangements in place with a licensed contractor for grading and/or repaving?

☐ Yes ☐ No

What are the arrangements for snow removal?

If 3rd party contractor, does the contractor carry insurance?

☐ Yes ☐ No

Is the Strata/Condo added as an Additional Insured on the Contractors Insurance?

☐ Yes ☐ No

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this Applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the Applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this Applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____