



[Commercial Lines]

## **BUILDING UPDATES QUESTIONNAIRE**

Required for Buildings 25 Years and Older



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# BUILDING UPDATES QUESTIONNAIRE

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## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Broker Phone: \_\_\_\_\_

Broker Contact: \_\_\_\_\_ Broker Email: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Building Built In (Year): \_\_\_\_\_

Highrise  Apartment Style  Townhouse  Commercial Building  Dwelling  Other: \_\_\_\_\_

Building Location Address: \_\_\_\_\_

Construction of Building:  Wood Frame  Masonry  Fire Resistant Number of Stories: \_\_\_\_\_ Total Square Feet: \_\_\_\_\_

## PART 2 ROOF

Type of Roof: \_\_\_\_\_

Updated When? \_\_\_\_\_ Full or Partial? \_\_\_\_\_

## PART 3 ELECTRICAL

Updated When? \_\_\_\_\_ Full or Partial? \_\_\_\_\_

All Breakers?  Yes  No Fuses?  Yes  No Minimum 100 MP/Unit?  Yes  No

If "Yes" to fuses above, do all units have tamper resistant "S" type fuses?  Yes  No

Type of Wiring (i.e. Copper, Aluminum, Knob, Tube): \_\_\_\_\_

**If Aluminum Wiring:**

Is aluminum wiring present in individual units?  Yes  No **If "Yes", then the risk is ineligible unless wiring is replaced**

Has wiring been inspected by qualified electrician?  Yes  No **If "Yes", please provide a copy of report**  
**If "No", this will be required, to be eligible**

Are Aluminconn (or similar) adapters used for connectors?  Yes  No

- PLEASE NOTE THAT STANDARD PIG TAILING USING TWIST ON WIRE CONNECTORS IS NOT ACCEPTABLE
- ELECTRICAL INSPECTIONS MAY BE REQUIRED TO CONFIRM ELIGIBILITY

## PART 4 PLUMBING

Updated When? \_\_\_\_\_ Full or Partial? \_\_\_\_\_

All Copper or Plastic?  Yes  No Galvanized present or remaining?  Yes  No

Does the Plumbing contain Kitec or Polybutylene pipes (Building ages 1978 – 1995)?  Yes  No

Waste lines CPVC, PVC, and/or ABS?  Yes  No

## PART 5 HEATING

Updated When? \_\_\_\_\_ Full or Partial? \_\_\_\_\_

Has heating been retrofitted?  Yes  No

System regularly inspected and maintained/cleaned annually?  Yes  No

Is auxiliary wood heat present?  Yes  No

Type of Heating:  Natural Gas (Forced Air)  Electric  Oil  Propane  Wood or Solid Fuel Other: \_\_\_\_\_

- IF AUXILIARY WOOD HEAT IS PRESENT, A WOOD HEAT QUESTIONNAIRE MUST BE COMPLETED

## PART 6 FIRE PROTECTION AND PREVENTION

Is the building sprinklered?  Yes  No  Partial If "partial" please elaborate below:

If sprinklered, is there a maintenance contract in place?  Yes  No

Are there maintained and serviced smoke detectors in every unit?  Yes  No  Hardwired?  Battery Operated?

System regularly inspected and maintained/cleaned annually?  Yes  No

Are there maintained and serviced fire extinguishers on every floor?  Yes  No

Are there fire alarm pull stations or centrally monitored fire alarm in the building?  Yes  No

### Applicable to Residential Buildings:

Do you have a policy of "no live Christmas trees" in the building?  Yes  No

Do you have a policy of "no barbecues" on the balconies?  Yes  No

Do you have a policy of "no smoking" in the buildings?  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 applicants 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: \_\_\_\_\_