



[Property Application]

STRATA/CONDO CORP. MULTIPLEX APPLICATION

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“A fully completed Residential Cost Estimating (RCT) Form must accompany this application”

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Strata/Condo Corp. (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Previous Insurer: _____ Expiry Date: _____ Expiring Premium: _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No If "Yes", please provide details below:

Describe any Insured and uninsured losses having occurred in the past 5 years and state the date of each loss, before the deductible (if any) was applied:

Loss Payee(s): _____

PART 2 UNDERWRITING INFORMATION

How long has the property had continuous insurance? _____ Is this risk new business to your office? Yes No

DWELLING/CONSTRUCTION INFORMATION:

Walls: Wood Non Combustible Other, please explain: _____

Roof: Wood Non Combustible Tar & Gravel Shake Other, please explain: _____

Foundation: Concrete Other, please explain: _____

Age of Building/Dwelling: _____ Number of Stories: _____ Square Footage: _____ Basement? Yes No

How many smoke detectors do they have installed? _____ Distance to Firehall: _____ km Hydrant protected? Yes No

Electrical:

Breakers Fuses Other (please describe): _____

Has the electrical wiring been updated since the home was built? Yes No If "Yes", when? _____

Is there any active aluminum wiring in the home? Yes No If "Yes", when? _____

Type of wiring in the dwelling: _____

Plumbing:

Has the plumbing been updated since the home was built? Yes No If "Yes", when? _____

Type of plumbing in dwelling: _____ Age of hot water tank: _____

Heating:

What is the primary heating system? Gas Electric Propane Oil Wood Other:

Any supplementary/auxiliary heating system? Yes No If "Yes" please explain:

Age of primary heating system:

Roof:

Has the roof been replaced/upgraded since the home was built? Yes No If "Yes", when?

Type of roof material:

Occupancy Information:

Total number of units:

Unit 1 Occupancy: Owner Occupied Seasonal Rental Vacant N/A

Unit 2 Occupancy: Owner Occupied Seasonal Rental Vacant N/A

Unit 3 Occupancy: Owner Occupied Seasonal Rental Vacant N/A

Unit 4 Occupancy: Owner Occupied Seasonal Rental Vacant N/A

Are all units self-contained? Yes No

Is the dwelling used for farming purposes: Yes No If "Yes", please explain below:

TENANT INFORMATION: (applicable only for rental units)

How long have the current tenants occupied the unit?

How many different tenants have occupied the dwelling in the past 3 years?

Does the tenant(s) have any contents and liability insurance?

Is there a rental agreement in effect?

Is the rental unit(s): Long Term Rental(s) Short Term Rental(s)

PART 3 COVERAGE REQUIREMENTS

	Limit of Coverage
Building Limit:	\$
Outbuilding Limit:	\$
Contents Limit:	\$
Commercial General Liability Limit:	\$

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: _____