

CONDOMINIUM UNIT OWNERS

NAME OF APPLICANTS: Quote Bind

Location - Address: City: Prov: P.C.:

Age of Building: _____

HEATING	OCCUPANCY	Yes	No	STRUCTURE/TYPE	CONSTRUCTION
<input type="checkbox"/> Furnace Central	Owner Occupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Highrise	<input type="checkbox"/> Fire Resistive
<input type="checkbox"/> Solid Fuel Heating (Requires Questionnaire)	Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Concrete
<input type="checkbox"/> Combination with Wood	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Masonry
<input type="checkbox"/> Electric	Seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Triplex	<input type="checkbox"/> Frame
<input type="checkbox"/> Oil Furnace (Requires Oil Questionnaire)	Rented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Duplex	<input type="checkbox"/> Log
<input type="checkbox"/> Aux Heat Type: _____	Unoccupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Hydro: 60 amp 100 amp 200 amp

Fire Protection: Distance to Fire Hydrant: _____ Distance to Firehall: _____ Paid Volunteer
Personal Property Limit: \$ _____ Coverage Required: Std Fire & E.C. Earthquake

Other Coverage Required: _____

List all claims in the past five years (Date, Description, Paid) _____

Reason standard market chose not to write/renew: (Required) _____

To Be Answered By All Applicants:

Have you ever had insurance cancelled **mid-term**? YES NO If yes, reason: _____

Has your insurance been cancelled due to non-payment on more than one occasion? YES NO

Is the property for sale? YES NO

If yes, explain: _____

Date of Birth: _____ Occupation: _____

Have you been continuously employed for 12 consecutive months? YES NO

If no, explain: _____

Have you had more than one fire loss in the last five years? YES NO

Have you had any losses caused by arson? YES NO

Do any business pursuits take place on the premises? YES NO

If yes describe: _____

Is the unit attached to any commercial exposure? YES NO

If yes describe: _____

List and date all upgrades/maintenance done (electric/plumbing/heating etc.) _____

Are there more than two unrelated individuals living on the premises? YES NO

If yes, describe: _____

PLEASE READ BEFORE SIGNING

This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed. Signing this form does not bind the Applicant to purchase the insurance or the insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL _____ HAS ISSUED A BINDER NUMBER.

Signature of Applicants: _____ Date: _____

Signature of Broker: _____ Date: _____

Broker Name & City: _____ Broker Email: _____

Broker Tel: _____ Return Fax: _____