

NAME OF INSURED: \_\_\_\_\_  QUOTE ONLY  PLEASE BIND

MAILING ADDRESS : \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

PRINCIPALS (if in a company name): \_\_\_\_\_

**LAND DETAILS:**

Legal description of land-location: \_\_\_\_\_

Size of Land: \_\_\_\_\_ Is the property fully fenced?  YES  NO Are there any signs posted (i.e. private property)  YES  NO

Are there any hazards (water) or attractive nuisances? (i.e. ponds, lakes, pits, quarries, machinery, open minds, playground equipment etc.) Explain : \_\_\_\_\_  YES  NO

**VACANCY**

How long has the property been vacant? \_\_\_\_\_ Why? \_\_\_\_\_

What is the anticipated future of this land? \_\_\_\_\_

What will be the approximate duration of vacancy? \_\_\_\_\_

How often is the property being checked? \_\_\_\_\_

Is the property being maintained in a usable and salable condition at all times?  YES  NO

Is there any public use of the land permitted (i.e. cross Country skiing, hunting, snowmobile trails, horseback, off road, swimming)? \_\_\_\_\_

**BUILDING DETAILS:**

Are there any buildings on the property?  YES  NO Age of Building: \_\_\_\_\_ Openings covered/boarded?  YES  NO

Does property have fire extinguishers?  YES  NO Operable smoke detectors?  YES  NO Alarm system?  YES  NO

What means have been taken to prevent building from looking unoccupied? \_\_\_\_\_

**POLLUTION EXPOSURES:**

Does the land, or has it ever, contained an above or underground tank(s)?  YES  NO

Is the land deemed to be contaminated?  YES  NO

Please feel free to contact us with regards to providing appropriate pollution coverage. \_\_\_\_\_

**SCHEDULE**

Please list properties to be insured.

#	Address	Description
1	_____	_____
2	_____	_____
3	_____	_____

**Previous Insurance**

Type of insurance? \_\_\_\_\_ Previous insurance company, Policy #: \_\_\_\_\_

Is renewal being offered?  YES  NO If no, please explain \_\_\_\_\_

Loss history (date; paid/estimated amount; cause; open/closed)? \_\_\_\_\_ Target Premium: \$ \_\_\_\_\_

**Limits Required**

General Liability: \_\_\_\_\_ Deductible Requested: \_\_\_\_\_

**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.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

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

Signature of Applicants: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Firm: \_\_\_\_\_ Broker AGT #: \_\_\_\_\_

Broker Email: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax #: \_\_\_\_\_