

Please note – This Application Form is for a Claims Made Policy. A Claims Made Policy only responds to claims made against the Insured and notified to the Underwriters during the period of insurance.

1. This Application Form must be fully completed, signed and dated by the Applicant
2. It is the obligation of the Applicant to disclose all material facts to the Underwriter, as failure to do so may render the Policy void or severely prejudice your rights in the event of a claim. A material fact shall be deemed to be one that would likely to influence the underwriter's judgment and acceptance of the risk.
3. Should there be any material change in the answers given to the questions contained in this Application Form prior to the inception of the Policy, the Applicant must notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.
4. This Application Form and any other information provided by the applicant shall be deemed to be incorporated in the contract between the Underwriters and the Insured and shall be deemed the basis of the contract of Insurance.

REGISTERED OWNER:

1. Full Name of Company or Organization: _____
2. Is Organization Incorporated? YES NO
If Yes, Incorporated under the laws of which Province: _____ Date Incorporated: _____
3. Address of the Registered Office of the Company or Organization: Street: _____
City: _____ Province: _____ Postal Code: _____

UNDERWRITING:

4. Number of Residential Units: _____ Number of Commercial Units: _____
5. Are buildings insured for full replacement value? YES NO
6. Does strata follow provincial guidelines on contingency reserve funds and depreciation report requirements (BC & Ontario)? YES NO
7. Do you have any knowledge of any claims, pending claims or disciplinary proceeding of any complaint? YES NO
8. Has insurance been refused, voided, or cancelled in the past 5 years? YES NO
9. Is there a maintenance fund? Balance: _____ YES NO
10. Is there a contingency fund? Balance: _____ YES NO
11. Is there a replacement fund? Balance: _____ YES NO
12. Year Built: _____
13. Is the Strata/Condominium managed by an outside Professional Management Company? YES NO
14. Name of Management Company: _____
15. Does the Management Company have Professional Liability Insurance? YES NO
16. The Company or Organization has published reports and accounts in the two latest consecutive financial years showing unqualified reports by independent auditors or accountants, net profit and positive net worth, no litigation, disputes or contingent or extraordinary liabilities and can pay any and all of its debts as they fall due. YES NO

DECLARATION & WARRANTY

17. Does any Director or Officer or the organization have any knowledge of any claims or circumstances which may give rise to a claim, or of any disciplinary proceedings or any complaints having been threatened, intimated or made (successfully or otherwise) against the Directors or YES NO

Officers or the organization or the employees or the organization in respect of the legal liabilities or loss? *(If Yes, please provide details)*

18. Has similar insurance been refused, voided or cancelled in the past for which this application relates: *(If Yes, please provide details)* YES NO

Where (a) an applicant for this contract gives false information to the prejudice of the Insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud, or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

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 my broker's or insurance company's policy regarding personal information, for the purpose 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: A risk is not bound until such time as Premier has issued a written confirmation, or policy confirming coverage.

Date Coverage Required: _____

Limit Requested: _____

Deductible Requested: _____

Name of Signatory (Print): _____

Date: _____

Signature of Signatory: _____

Position: _____

Brokerage & AGT#: _____

Broker Email: _____

Broker Name: _____

Date: _____

Broker Signature: _____

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