



LIONS GATE UNDERWRITING VACANT PROPERTY APPLICATION

I. General Information

Applicant's name (include Legal Entity and/or DBA name): _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Form of business: Individual Corporation Partnership LLC Trust Other: _____

Description of Operations:

1. Have there been any property or liability losses in the last three years? Yes No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet

COVERAGE TYPE	DATE OF LOSS	DESCRIPTION OF LOSS	PAID	RESERVED	STATUS
Property Liability			\$	\$	Open Closed
Property Liability			\$	\$	Open Closed
Property Liability			\$	\$	Open Closed

2. What type of vacant exposure does the applicant have at this location?

Owner of a building that is completely vacant

Owner of a building that is partially vacant

Owner of a vacant condominium unit

Tenant leasing this space that will be vacant

3. What is the intended future occupancy of the building? *(If unknown, provide the previous occupancy)* _____

4. How many total acres is the size of the plot of land the vacant building is located on? _____

5. Are there any renovations planned during the policy term? Yes No
 If "Yes":
- a. What is the total cost of the renovation? \$_____
- b. Are the planned renovations structural (load bearing)? Yes No
- c. Add liability coverage for the renovations? Yes No
- d. Will subcontractors be hired to complete the renovations? Yes No
- i. If "Yes" to d. above, are certificates of insurance required for all subcontractors naming the applicant as an additional insured? Yes No
- e. Estimated start date? _____
- f. Estimated completion date? _____
- If renovations are structural and/or \$250,000 or greater, complete this section and also Section II – Construction and Premises Protective Eligibility*
- g. Will a watchman be on premises during non-working hours? Yes No
- h. Will this project site be protected by a fence when workers are not present? Yes No

Building Construction:	Frame Fire resistive	Joisted masonry Masonry noncombustible	Noncombustible		
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FUS Grade	Number of Stories	Type of Burglar Alarm		
_____	_____	Local	None	Central Station

What year was the building constructed? _____ Is there a basement? Yes No

What type of plumbing is in the building?	PVC	Copper	Galvanized	Lead	Other _____
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What type of roof is on the building?	Flat Slate	Wood shake Other _____	Shingle	Metal	Tile
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What is the age of the roof? _____

Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No

What is the square footage of the entire structure? _____ sq. ft. *(Not applicable for Vacant Condo or Vacant Leased Space)*

What is the total square footage owned or occupied by the applicant? _____ sq. ft.

Building Limit: \$_____	Detached Structures: _____	ACV	RC
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(Not applicable for Vacant Condo or Vacant Leased Space)

Contents: _____	ACV	RC
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Liability Coverage - Premise Only

6. Occurrence limit \$2,000,000/\$2,000,000 \$5,000,000/\$5,000,000

Additional Interests

NAME	RELATIONSHIP/INTEREST	ADDRESS	CITY, PROVINCE, POSTAL CODE

II. Eligibility Criteria

General Eligibility

- 7. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No
- 8. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No
- 9. Is the building currently damaged by fire or otherwise? Yes No
- 10. Is the building locked and secured from unauthorized entry? Yes No

Property Eligibility

- 11. Has any tenant been evicted in the past 60 days or is any tenant in the process of being evicted? Yes No
- 12. Is the structure a mobile home? Yes No
- 13. Is the building scheduled for demolition in the policy term or in the future (except incidental non-load bearing interior work)? Yes No

General Liability Eligibility

- 14. Is the building located on an active farm? Yes No
- 15. Is there a swimming pool on premises? Yes No
- 16. Is the building scheduled for demolition during the policy term (except incidental non-load bearing interior work)? Yes No

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i. To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii. That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____
(Principal, Partner or Officer)

Title: _____

Print Name: _____

Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Broker Signature: _____

Date: _____