

CONDOMINIUM UNIT OWNERS

NAME OF APPLICANTS: _____ Quote Bind

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

Age of Building: _____

HEATING

- Furnace Central
- Solid Fuel Heating (Requires Questionnaire)
- Combination with Wood
- Electric
- Oil Furnace (Requires Oil Questionnaire)
- Aux Heat Type: _____

OCCUPANCY

- Owner Occupied
- Primary
- Secondary
- Seasonal
- Rented
- Unoccupied

Yes

No

STRUCTURE/TYPE

- Highrise
- Townhouse
- Rowhouse
- Triplex
- Duplex
- Other _____

CONSTRUCTION

- Fire Resistive
- Concrete
- Masonry
- Frame
- Log
- 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: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars 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 fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

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.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such 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 or policy documents.

Signature of Applicants: _____ Date: _____

Signature of Broker: _____ Date: _____

Broker Name & City: _____ Broker Email: _____

Broker Tel: _____ Return Fax: _____

Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizpersonal@premiergroup.ca ****

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