PREMIER canada

OIL TANK QUESTIONNAIRE

BROKER NAME: _____ BROKER EMAIL: _____

POLICY NO: _____ NAME OF INSURED: _____

PROPERTY ADDRESS: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS

1. What is the age of the Oil Tank? _____ years, - tank over 20 years not acceptable
2. Where is the Oil Tank located? _____ ABOVE GROUND (do no write underground tanks)
   - Outside home: ☐ YES ☐ NO - Inside home: ☐ YES ☐ NO Describe where: _____
3. Is there any rust, dents or evidence of corrosion? ☐ YES ☐ NO,
   If YES, where is it located on the tank? _____
4. Are there any signs of leaks at tank connectors or anywhere else? ☐ YES ☐ NO
5. Is the fuel supply line protected? ☐ YES ☐ NO
6. Is the fuel supply line supported in a stable manner off the ground? ☐ YES ☐ NO
7. Is the tank resting on a non-flammable base? ☐ YES ☐ NO
   If no, describe the type of base _____
8. Is there a clear air space around the entire Oil Tank? ☐ YES ☐ NO (helps provide condensation relief)
9. Does a qualified person service the Oil Tank yearly? ☐ YES ☐ NO, Date of last service _____
10. Was the Oil Tank professionally installed? ☐ YES ☐ NO
11. Is the Oil Tank manufactured, CSA, or ULC approved unit? ☐ YES ☐ NO
12. Photo of Oil Tank attached? ☐ YES ☐ NO

THE ABOVE QUESTIONS HAVE BEEN COMPLETED TO THE BEST OF MY KNOWLEDGE THIS _____ DAY OF _____, 20_____

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.

_____ _____

INSURED (please print name) SIGNATURE OF INSURED

_____ _____

BROKER (please print name) SIGNATURE OF BROKER

Premier Canada Assurance Managers Ltd. 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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