

VACANT BUILDING APPLICATION

APPLICANT

Name of Applicant(s):		<input type="checkbox"/> QUOTE ONLY	<input type="checkbox"/> PLEASE BIND
Are there more than 2 registered owners?		Date(s) of Birth:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Postal Address:	City:	Prov:	PC:
Risk Location Address:	City:	Prov:	PC:

DWELLING

Year Built:			
Type of Building:			
Construction: <input type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Veneer <input type="checkbox"/> Log <input type="checkbox"/> Other(describe):			
Square Footage:	No. of Stories:		
Year of Roof Update:	Size of Lot: <input type="checkbox"/> Less than 3 acres <input type="checkbox"/> More than 3 acres (#):		
Is the property viewable from the road?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the property on a paved road?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Distance to Fire Hydrant:	Distance to Firehall:		

UNDERWRITING

Current Status of Property:	
Have measures been taken to maintain the property/grounds & prevent the building from looking unoccupied?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the property being maintained in a usable and saleable condition at all times (i.e. no boarded up windows)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the property checked every 72 hours by a competent person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of person checking building every 72 hours:	
Are there any losses, insured or otherwise, at this location in the past 5 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide details:	

VACANCY

Date building became/will become vacant (vacant max 21 months to date): ____/____/____ (mm/dd/yyyy)	
Requested Effective Date: ____/____/____ (mm/dd/yyyy)	
Requested Expiry Date (min 3 month term): ____/____/____ (mm/dd/yyyy)	
Will the building be slated for demolition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will there be any renovations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If there will be renovations, what is the budget?	
If there will be renovations, will there be any structural renovations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If applicable, describe renovation details:	

LIMITS

Building: \$	Detached Structures: \$	
Major Appliances: \$	Premises Liability: \$	Sewer Back Up: <input type="checkbox"/> YES <input type="checkbox"/> NO
Number of liens/encumbrances/mortgages:		
Loss Payable(s) name(s) and address(es):		

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.

Photos of the front & rear of the dwelling are required.

Signature of Applicant(s):	Date:	
Signature of Applicant(s):	Date:	
Signature of Broker:	Date:	
Broker Firm:	Broker AGT #:	
Broker Email:	Tel:	Fax #:

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 - newbizcommercial@premiergroup.ca **
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