

Vacant Building Application

Is this property undergoing renovation:	Yes	No
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APPLICANT INFORMATION	
Brokerage:	Broker contact:
Broker address:	Email:
Named insured:	Broker code:
Mailing address:	
Location address:	
Mortgagee(s):	
Mortgagee(s) address:	
Effective date:	Policy term:
Prior insurance & expiry date:	Other policies with Aurora:

UNDERWRITING DETAILS			
Building type (single family, row house, etc.):		How long has the risk been vacant?	
Use/occupancy prior to vacancy?			
Reason for vacancy?			
If vacant for more than 12 months, what's the property's current market value?			
Who is responsible for snow removal?			
If the applicant DOES NOT live within 100 kms of the property, who will be maintaining the property?			
Describe future plans for this property:			
Total amount of mortgages/encumbrances: \$			
Are any of your mortgages/liens/encumbrances or property tax payments in arrears?		Yes	No
If "yes", the total amount: \$			
	Yes	No	
Has applicant had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>			Is the risk located within an active flood zone?
Hydrant within 300 meters?			Is the risk located within 50 kms of an active fire zone?
Firehall within 8 kms?			Is this a voluntary firehall?
Will utilities be maintained?			Is this leased land?
Is there a sump pump?			Is there a pool and/or hot tub located on the premises?
Are there more than 6 parking spots on the premises? <i>If 'yes' how many?</i>			Does the building have a heritage designation? <i>If 'yes', is the designation with respect to façade/exterior only?</i> <i>No by-laws coverage</i>
Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>			

Comments:

CONSTRUCTION DETAILS					
Year built			Building area in sq. feet		
No. of stories			Construction		
Type		Year Updated	Type		Year Updated
Electrical			Heating		
Amperage			Supplementary Heating		
Plumbing			Roof		

PRIVATE PROTECTIONS														
Fire Alarm	Yes	No	Sprinklered	Yes	No	Burglar Alarm	Yes	No	On-Site Security	Yes	No	Monitored	Yes	No

PREVIOUS LOSSES OR CLAIMS				
Have there been losses or claims by the applicant in the last 5 years? Yes No				
Date of loss	Detailed description of loss	Amount paid	Open/closed?	Preventative measures in place?

COVERAGE		
	Limits Required	Deductible
Building(s)	\$	
Outbuilding(s) <i>No cover given for outbuildings unless a limit is shown on the policy.</i>	\$	
Contents	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	

COVERAGE REQUIRED FOR								
Equipment Breakdown:	Yes	No	Flood:	Yes	No	Earthquake:	Yes	No
						<i>(Excluding BC)</i>		

PHOTOS		
Current photos of the risk attached?	EZ_ITV or equivalent evaluator attached?	(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)
Yes No	Yes No	

ADDITIONAL COMMENTS

DECLARATION

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. 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 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.

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

Signatures(s) of All named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date: