

**CONDOMINIUM UNIT OWNERS**

NAME OF APPLICANTS: \_\_\_\_\_  Quote  Bind

Location - Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ P.C.: \_\_\_\_\_

Age of Building: \_\_\_\_\_

<b>HEATING</b>	<b>OCCUPANCY</b>	<b>Yes</b>	<b>No</b>	<b>STRUCTURE/TYPE</b>	<b>CONSTRUCTION</b>
<input type="checkbox"/> Furnace Central	Owner Occupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Highrise	<input type="checkbox"/> Fire Resistive
<input type="checkbox"/> Solid Fuel Heating (Requires Questionnaire)	Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Concrete
<input type="checkbox"/> Combination with Wood	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Masonry
<input type="checkbox"/> Electric	Seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Triplex	<input type="checkbox"/> Frame
<input type="checkbox"/> Oil Furnace (Requires Oil Questionnaire)	Rented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Duplex	<input type="checkbox"/> Log
<input type="checkbox"/> Aux Heat Type: _____	Unoccupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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: \_\_\_\_\_

**DECLARATION / CONSENT**

**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 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](mailto:newbizpersonal@premiergroup.ca) \*\***

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