

SECTION 1: APPLICANT INFORMATION

Name of Insured: _____
 Mailing Address: _____
 Phone: _____ Cell: _____ Email: _____
 Risk Location (Legal Address): _____
 Principals (if in a company name): _____
 Mortgages (Name & Address): _____

SECTION 2: BUILDING DETAILS

Fire hydrant within 300m: Yes No

Fire Hall: Paid Volunteer Within 8km: Yes No

Construction: Brick Frame Stone Masonry Log
 Other (describe): _____

Foundation: Concrete/Poured Concrete Brick Stone
 Preservative – Treated Lumber Post & Pier

Age of Building: _____ No. of Units: _____ Total Sq. Feet: _____

Is each unit a self-contained suite? Yes No No. of Storeys: _____

Does the property have fire extinguishers? Yes No

Does the property have operable smoke detectors? Yes No

Does the property have operable sprinklers? Yes No

Electrical Outage: 60 amp 100 amp 200 amp

Electrical System: Breakers Fuses Aluminum Wiring
 Other (describe): _____

Year Electrical Updated: _____

Is there any knob & tube wiring? Yes No

If yes, indicate location: _____

Type of Plumbing: _____ Year Plumbing Updated: _____

Type of Roof/Covering: _____ Year Roof Updated: _____

Heating Details: _____ Year Heating Updated: _____

If **OIL** is used, please attach **Oil Tank Questionnaire** and photos of oil tank(s).

Does the property have a central heating system? Yes No

If **no**, please describe the type: _____

Is there a solid fuel heating system? Yes No

Please note there is a Warranty on the Quote and Policy that advises claims from the use of a solid fuel heating unit are excluded.

SECTION 3: VACANCY

How long has the property been vacant? _____ Size of Lot: _____

Please explain why:

What is the anticipated future of this building?

What will be the approximate duration of vacancy? _____

Is a key in the hands of a competent person who checks the building within every 72 hours? Yes No

If **yes**, who is this person and how often is the property checked?

Is the property easily viewed from the road? Yes No

Is the property on a paved road? Yes No

SECTION 4: MAINTENANCE

Public utilities left in service? Hydro Water Telephone Gas

Reason: _____

Have all electrical appliances, if any, been disconnected? Yes No

Are there curtains in the windows? Yes No

If **yes**, what means have been taken to prevent the building from looking unoccupied?

Is the property being maintained in a usable and salable condition at all times? Yes No

What arrangements have been made to maintain the property and attend the grounds?

Who is responsible for snow removal? _____

Have you visited the property to verify the above measures? Yes No

Is the general maintenance and overall appearance and prospects of re-occupancy such that you recommend this property for insurance? Yes No

Is this an existing client office? Yes No

Are there renovations being performed on the building? Yes No

If yes, by whom? _____

Please provide full details of renovations:

Please provide the cost/budget for renovations: _____

SECTION 5: INSURANCE & LOSS HISTORY INFORMATION

Previous Insurer: _____

Policy #: _____

Expiring Premium: _____

Expiry Date: _____

Is the above Insurer offering renewal? Yes No

If yes, renewing premium: _____

If no, please advise why not: _____

Requested Effective Date: _____

Claims Experience. Describe all liability losses or incidents paid, or reserved, for the last 5 years (include dates and amounts):

SECTION 6: COVERAGES

Basis of Loss Settlement is ACV. Replacement Cost coverage may be available at 90% Coinsurance upon receipt and review of an up-to-date ITV or Appraisal and if the limit chosen is at least 90% of the Replacement Cost Limit.

Building: _____

Contents (appliances only): _____

Liability (OL & T): _____

Current photos (front and back) are required prior to binding.



SECTION 7: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk -Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)	Title/Position
Signature of Applicant	Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____	Brokerage Name: _____
Email: _____	Address: _____
Phone: _____	City / Province: _____
Fax: _____	Postal Code: _____

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