



COMMERCIAL RENTAL APPLICATION

BROKER: Agent/Broker: _____ Tel No.: _____
 Address: _____ Email: _____

APPLICANT: Legal Name of Insured _____
 Principles, if a Company: _____
 Mailing Address: _____
 Location Address: _____
 Mortgagee(s): _____

PRIOR CARRIER INFORMATION: Previous Insurer(s): _____ Expiring/Target Premium: _____
 Has the applicant or risk been cancelled, declined or refused insurance? Yes No Reason: _____
 Is this new business to your office? Yes No How long has Insured been in business? _____ Years

5 YEAR LOSS EXPERIENCE (date, paid/reserve amount, cause, open/closed):

Date	Insurer	Paid/Reserve	Open/Closed	Type and Clause of Loss

COVERAGES REQUIRED:

Building: \$ _____ Appliances: \$ _____ Other Contents \$ _____ Rental Income \$ _____ Liability limit: \$ _____
 Sewer Back-Up: Flood: Earthquake: Equipment Breakdown: Property Extensions/Frills:

BUILDING INFORMATION: Year built: _____ Year Purchased: _____ # of Stories: _____ Sq Footage: _____

BUILDING TYPE: Detached Semi-Detached Townhouse Condo Other (Describe): _____

CONSTRUCTION: Frame Masonry Non-Combustible Fire Resistive Other (Describe): _____

FOUNDATION: Concrete/Poured Concrete Brick Stone Post & Pier Preservative/Treated Lumber Other (Describe): _____

HEATING: Natural gas furnace Hot water boiler Oil furnace* Electric Woodstove* Other (Describe): _____

WIRING: Fuses Circuit Breakers 60 amp 100 amp 200 amp Aluminum Wiring Knob & Tube wiring

PLUMBING: Copper: _____% PVC: _____% Galvanized: _____% Other: _____% Describe: _____

UPDATE INFO: Heating: _____ Electrical: _____ Plumbing: _____ Roof: _____

FIRE PROTECTION: Fire hydrant: Within 300m? Yes No Firehall: Within 5m/8km? Yes No Volunteer Paid

PRIVATE PROTECTION: Fire Extinguishers? Yes No Smoke Detectors? Yes No

Monitored Alarm? Yes No

OCCUPANCY INFORMATION: # of Units: _____ # of vacant units at present: _____ # of Occupants? _____

Are there any commercial occupants? Yes No If yes, list commercial Occupants _____

Are any Occupants students? Yes No Are there any Short Term Rentals? Yes No

This is a rooming/boarding house? Yes No

Is there a swimming pool on premises? Yes No

Is there a No Smoking policy enforced? Yes No

Are there any hot plates? Yes No Any cooking in rooms? Yes No

Who is responsible for property maintenance? _____ How often is property inspected? _____

Is there a live in "Manager/Caretaker"? Yes No



DECLARATION: I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties. *Protection and Electronic Documents Act (PIPEDA)*

Print name of proposed insured

Signature of Applicant & Title

Date