

**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:

**PLEASE READ BEFORE SIGNING**

This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed. Signing this form does not bind the Applicant to purchase the insurance or the insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER MARINE HAS ISSUED A BINDER NUMBER.**

Signature of Applicants: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Name & City: \_\_\_\_\_ Broker Email: \_\_\_\_\_

Broker Tel: \_\_\_\_\_ Return Fax: \_\_\_\_\_

*Premier Marine Insurance Managers Group (WEST) Inc. 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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