

VACANT DWELLING APPLICATION

APPLICANT

 QUOTE ONLY PLEASE BIND

Name of Applicant(s):

Are there more than 2 registered owners? YES NO

Postal Address:

City:

Prov:

PC:

Risk Location Address:

City:

Prov:

PC:

DWELLING

Year Built:

Type of Building:

Detached Home Duplex or Triplex Semi-Detached Fourplex Townhouse/Row House (structure less than 6 units)

Mobile Home (fully blocked, skirted + connected to utilities) Other(describe):

Construction: Masonry Frame Semi-Detached Veneer Log Other(describe):

Square Footage:

No. of Stories:

Year of Roof Update:

Size of Lot: Less than 3 acres More than 3 acres (#):

Is the property viewable from the road? YES NO

Is the property on a paved road? YES NO

Distance to Fire Hydrant:

Distance to Firehall:

UNDERWRITING

Current Status:

to be sold will be owner occupied owner temporarily relocated will be rented dwelling in estate

property under financial distress other (describe):

Have measures been taken to maintain the property/grounds & prevent the dwelling from looking unoccupied? YES NO

Is the property being maintained in a usable and saleable condition at all times (i.e. no boarded up windows)? YES NO

Is the property checked every 72 hours by a competent person? YES NO

Name of person checking dwelling every 72 hours:

Are there any sewer backup losses, insured or otherwise, at this location in the past 5 years? YES NO

Are there any other types of losses, insured or otherwise, at this location in the past 5 years? YES NO

If yes, please provide details:

VACANCY

Date dwelling became/will become vacant (vacant max 21 months to date): ____/____/____ (mm/dd/yyyy)

Requested Effective Date: ____/____/____ (MM/DD/YYYY)

Requested Expiry Date (min 3 month term): ____/____/____ (mm/dd/yyyy)

Will the building be slated for demolition? YES NO

Will there be any renovations? YES NO

If there will be renovations, what is the budget?

If there will be renovations, will there be any structural renovations? YES NO

If applicable, describe renovation details:

LIMITS

Dwelling Building: \$

Detached Structures: \$

Major Appliances: \$

Premises Liability: \$

Number of liens/encumbrances/mortgages:

VACANT DWELLING APPLICATIONLoss Payable(s) name(s) and address(es):

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. 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 broker's or insurance company's policy regarding personal information, for the purposes 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.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER OR POLICY DOCUMENTS.**Photos of the front & rear of the dwelling are required.**

Signature of Applicant(s):

Date:

Signature of Applicant(s):

Date:

Signature of Broker:

Date:

Broker Firm:

Broker AGT #:

Broker Email:

Tel:

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 ******Vancouver - T 604.669.5211 F 604.669.2667****London - T 519.850.1610 F 519.850.1614**