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| **CONDO UNIT OWNERS – PRIMARY, RENTAL, SEASONAL** – Application for Insurance |

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| This product in JET is for residential condo units which are owner occupied, rented or seasonally occupied.  **Instead of completing this application form, consider trying** [***JET***](http://www.forwardinsurance.ca)**, our self-serve platform.**  [***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.**  **PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | |
|  | | |  | | |  | |
| Applicant Name (Legal Name): | | | |  | | | |
|  | | | |  | | | |
|  | Applicant Date of Birth: | | |  | |  | |
|  | | | | | | |  |
| Additional Applicant Name(s): | | | |  | | | |
|  | | | |  | | | |
|  | Additional Applicant Date of Birth: | | |  | | | |
|  | | | |  | |  | |
| Province of Primary Residence: | | | |  | |  | |
|  | |  | | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Source of applicant's income: | | Paid Employee | Self Employed | | Homemaker | | Retired |
|  | | None – Benefits Assistance | None – Student | | Other | |  |
|  | |  | | | | | |
|  | Out of the last 12 months, how long has the applicant been employed? | | |  | |  | |
|  | |  | | | | | |

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| **INSURANCE AND LOSS HISTORY** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | |
| Does the Applicant(s) currently or have they previously held a policy with Forward Insurance Managers Ltd.? | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | | | | | | | | | | | | | | | | | | | |  |
|  | | If yes, please provide policy number: | | | | | |  | | | | | | |  | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | |
| Have there been any claims or losses (whether covered by insurance or not) at this or other location(s) in the past 5 years? | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | | | | | | | | | | | | | | | | | | | | |
| **Claim 1** – Date: | | |  | | | | | | | |  | | | | | | | | | |
|  | |  |  | | | | | | | |  | | | | | | | | | |
|  | | Type of loss: | | | | |  | | | | |  | | | | | |  | | |
|  | |  | | | | |  | | | | |  | | | | | |  | | |
|  | | Aircraft or Vehicle Impact | | | | Arson | | | | | Burglary | | | | | | | Change in Temperature | | |
|  | | Earthquake | | | | Electrical Current | | | | | Explosion | | | | | | | Falling Object | | |
|  | | Fire | | | | Flood | | | | | Freezing | | | | | | | Hail | | |
|  | | Landslide | | | | Lightning | | | | | Malicious Acts | | | | | | | Other – Liability | | |
|  | | Other – Property | | | | Overland Water | | | | | Riot | | | | | | | Sewer Backup | | |
|  | | Smoke | | | | Storm | | | | | Tenant Vandalism | | | | | | | Water | | |
|  | | Wildfire | | | | Wind | | | | |  | | | | | | |  | | |
|  | |  | | | | |  | | | | |  | | | | | |  | | |
|  | | Total Amount (paid or reserve): | | | | | $ | | | | | | | |  | | | | | |
|  | | | | |  | | | |  | | | | | | | |  | | | |
|  | | Open/Closed: | | | | | | | | Open | | | Closed | | | | | | | |
|  | | | | |  | | | |  | | | | | | | |  | | | |
|  | | Was the damage repaired? | | | | | | | | Yes | | | No | | | | | | | |
|  | | | | |  | | | |  | | | | | | | |  | | | |
| Has the Applicant had more than one claim in the last five years? | | | | | | | | | | Yes | | | No | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Claim 2** – Date: | | |  | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | Type of loss: | | | |  | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | |  | | | | | | | |  | |
|  | | Aircraft or Vehicle Impact | | | | Change in Temperature | | | | | Arson | | | | | | | | Burglary | |
|  | | Earthquake | | | | Electrical Current | | | | | Explosion | | | | | | | | Falling Object | |
|  | | Fire | | | | Flood | | | | | Freezing | | | | | | | | Hail | |
|  | | Malicious Acts | | | | Other – Property | | | | | Lightning | | | | | | | | Overland Water | |
|  | | Riot | | | | Sewer Backup | | | | | Smoke | | | | | | | | Storm | |
|  | | Tenant Vandalism | | | | Water | | | | | Wildfire | | | | | | | | Wind | |
|  | |  | | | | | | | | | | | | | | | | | | |
|  | | Total Amount (paid or reserve): | | | | | $ | | | | | | | | |  | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |
|  | | Open/Closed: | | | | | | | | Open | | | Closed | | | | | | | |
|  | |  | | | | | | | |  | | |  | | | | | | | |
|  | | Was damage repaired? | | | | | | | | Yes | | | No | | | | | | | |
|  | | | | | | |  | | | | | | |  | | | | | | |
| **Claim 3** – Date: | | |  | | | | | | | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  | | Type of loss: | | | |  | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | |  | | | | | | | |  | |
|  | | Aircraft or Vehicle Impact | | | | Arson | | | | | Burglary | | | | | | | | Change in Temperature | |
|  | | Earthquake | | | | Electrical Current | | | | | Explosion | | | | | | | | Falling Object | |
|  | | Fire | | | | Flood | | | | | Freezing | | | | | | | | Hail | |
|  | | Landslide | | | | Lightning | | | | | Malicious Acts | | | | | | | | Other – Liability | |
|  | | Other – Property | | | | Overland Water | | | | | Riot | | | | | | | | Sewer Backup | |
|  | | Smoke | | | | Storm | | | | | Tenant Vandalism | | | | | | | | Water | |
|  | | Wildfire | | | | Wind | | | | |  | | | | | | | |  | |
|  | | | | | | | | | |  | | |  | | | | | | | |
|  | | Total Amount (paid or reserve): | | | | | $ | | | | | | | | |  | | | | |
|  | |  | | | | | | | |  | | |  | | | | | | | |
|  | | Open/Closed: | | | | | | | | Open | | | Closed | | | | | | | |
|  | |  | | | | | | | |  | | |  | | | | | | | |
|  | | Was damage repaired? | | | | | | | | Yes | | | No | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Has insurance ever been cancelled MID-TERM by a carrier (e.g. Cancelled by a registered letter?)? | | | | | | | | | | | | | | | | | Yes No | | | |
|  | | | | |  | | | |  | | | | | | | |  | | | |
|  | | If yes, describe: | |  | | | | | | | | | | | | | | | | |

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| **OCCUPANCY** | | | | | | | | | |
|  | | | |  | | | |  | |
| Confirm Occupancy: | | | Primary Domicile | | | Secondary Domicile | | | |
|  | | | Seasonal | | | Seasonal with Short-Term Vacation Rentals | | | |
|  | | | Rented to Others – Short Term | | | Rented to Others – Student Rentals | | | |
|  | | | Rented to Others – Long Term | | | Vacant – Do Not Proceed –see ‘Vacant Condo’ product | | | |
|  | | |  | | | | | | |
|  | If rented, how long is the rental? | | | |  | | | | |
|  | | | | |  | | | | |
| Is there any business, or commercial operations in the Applicant’s unit? | | | | | | | Yes  No | |  |
|  | |  | | | | | | | |
|  | If yes, describe: | |  | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **RISK INFORMATION** | | | | | | | |
|  | | | | | | | |
| Are there any roomers or boarders renting/sharing accommodation with the Applicant(s)? | | | | | Yes  No | | |
|  | | |  | | | | |
|  | If yes, how many roomers or boarders are renting/sharing accommodation with the Applicant(s)? | | | | | |  |
|  | | | | | | |  |
| **RISK LOCATION** | | | | | | | |
|  | | | | | | | |
| Street Address: | |  | | Unit #: | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | |  | | |  |
| City: |  | | Province: |  | | Postcode: |  | |
|  |  | |  |  | |  |  | |

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| --- | --- | --- | --- |
| **WILDFIRE EXPOSURE** | | | |
|  | |  |  |
| Has the risk even been evacuated or issued an evacuation order or alert, due to wildfire? | | Yes | No |
|  | |  |  |
| Is this risk located within 25kms of a current wildfire? | | Yes | No |
|  |  | | |
| **FLOOD EXPOSURE** |  | | |
|  |  | | |
| Has the risk ever been evacuated or issued an evacuation order or alert, due to flood? | | Yes | No |
|  | |  |  |
| Is this risk located in an area that is currently under flood warning? | | Yes | No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BUILDING INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | |  | | | | | | |
| Type of building that the unit is located in: | | | | | | | | | | Multi-Plex (less than 8 units) | | | | | Duplex | | | | | | |
|  | | | | | | | | | | Rowhouse/Townhouse | | | | | Low Rise Apartment | | | | | | |
|  | | | | | | | | | | Highrise Apartment (Concrete) | | | | | Detached/Semi-Detached Single-Family Dwelling | | | | | | |
|  | | | | | | | | | | Other | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Are there any commercial occupancies in the building? | | | | | | | | | | | | | | | | | | Yes | | | No |
|  | | | | | | | | | |  | | | | |  | | | | | | |
|  | If yes: Are there any restaurants in the building? | | | | | | | | | | | | | | | | | Yes | | | No |
|  | | | | | | | | | | | | | | | | | |  | | |  |
|  | Are there any industrial/manufacturing, or automotive related occupancies in the building? | | | | | | | | | | | | | | | | | Yes | | | No |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | If yes, describe: | | | |  | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Construction type of the building that the unit is located in: | | | | | | | | | | | | |  | | |  | | | |  | |
|  | | | |  | | | | |  | | | |  | | |  | | | |  | |
|  | Concrete Block/Masonry | | | | | | | Clay | | | | Fire Resistive | | Wood Frame | | | | |  | | |
|  | Modular/Prefab | | | | | | | Straw | | | | Log | | Other | | | | |  | | |
|  | | | |  | | | | |  | | | |  | | |  | | | |  | |
| Year built: | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | |  | | | | | | | | | | |
| Does the condo have a solid fuel heat device (other than a traditional fireplace)? | | | | | | | | | | | | | | | | | | Yes | | | No |
|  | | | | |  | | | | | |  | | | | | | | | | | |
|  | If yes, is woodheat the primary heat source or are more then 3 cords of wood burned annually? | | | | | | | | | | | | | | | | | Yes | | | No |
|  | | | | | | | | | |  | | | | |  | | | | | | |
| Will there be any renovations to the condo in the next 12 months? | | | | | | | | | | | | | | | | | | Yes | | | No |
|  | | | | | | | | | |  | | | | |  | | | | | | |
|  | If yes, describe: | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | |  | | | | | | | | | | | | | | | | |
| What is the budget for renovations? | | | | | | | $ | | | |  | | | | | | | | | | |
|  | | | | | | | | | |  | | | | |  | | | | | | |
| Will there be any structural renovations (eg. adding or removing walls)? | | | | | | | | | | | | | | | | | | Yes | | | No |
|  | | | | | | | | | |  | | | | |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RISK INFORMATION** | | | | | | | | | |
|  | | |  | | | |  | | |
| **PLUMBING** | | |  | | | | | | |
|  | | |  | | | |  | | |
| Year of hot water tank(s): | |  | |  | | | | | |
|  | |  | |  | | | | | |
| Type of plumbing: | Copper, PEX, PVC, ABS | | | | Polybutylene | Galvanized Steel | | Kitec | Cast Iron |
|  | Mixed – more than one of the above types of plumbing | | | | | | | | |
|  | | |  | | | |  | | |
| Year of most recent plumbing update: | |  | |  | | | | | |
|  | | |  | | | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ROOF** | |  | | | | | | | | | |
|  | |  | | | | | |  | |  | |
| Roofing material: | Asphalt Shingles | | | | | Cedar | | | Clay/Slate | | Flat Deck/ Tar + Gravel |
|  | Green | | | | | Metal | | | Rubber | | Straw |
|  | Thatched | | | | | Zinc | | | Multiple – more than one of above roof types | | |
|  | | | |  | | |  | | | | |
| Year of complete roof replacement: | | |  | |  | | | | | | |
|  | | | |  | | |  | | | | |

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| **ELECTRICAL** | | | | | | | | | | | | |
|  | | | |  | | | | | |  | | |
| How many amps is the electrical system? | | | | | Less than 100 amps | | | 100 amps or more | | | |
|  | | | | |  | | | | |  | | |
| Electrical system details: | Circuit Breakers | | | | Fuses | | | | Mixed – More than one of the above types | | | |
|  | | | | | | | | | | | | |
| Type of wiring: | Aluminum | | | | Copper | | | | Knob and Tube | |  | |
|  | Mixed – Aluminum and Copper and/or Knob + Tube | | | | | | | | | |  | |
|  | |  | | | |  | | | | | | |
| Year of most recent electrical update: | | |  | | | |  | | | | | |
|  | | |  | | | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COVERAGES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
| **Personal Property** | | | | |  | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | |  | | | | | | | | | | | | | | | |
|  | Limit: | | $ | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | | | | | | |
| **Unit Owners Improvements and Betterments:** *($25,000 included by default)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |  | | |  | | | | |  | |  | | |  |
|  | Select limit: | | | | | $25,000 | | | | $50,000 | | | | $75,000 | | | | | $100,000 | | | $125,000 | | | | $150,000 |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| **Loss Assessment**: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | $50,000 ($5,000 Deductible Assessment) Included | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| **Condominium Deductible Assessment Coverage** (restricted to events covered by this unit owners Policy if bound) - $5,000 included by default | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Select limit: | | | | | $5,000 | | | | $25,000 | | | | $50,000 | | | | | $75,000 | | | $100,000 | | | |  |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| **Deductible** | | |  | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | | | | | | |
|  | Select deductible: | | | | $1,000 (base deductible) | | | | | | | $2,500 (reduces base property premium by approx. 3.5%) | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| **Premise Liability** | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | Select limit: | | | | $1,000,000 | | | | | $2,000,000 | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| **Earthquake** | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| Is earthquake coverage requested? | | | | | | | | Yes | | | | No | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| **Sewer Backup** | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| Is sewer backup requested? | | | | | | | | Yes | | | | No | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| **ISSUANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| Proposed Effective Date (MM/DD/YYYY): | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
| Mailing address: | | | |  | | | | | | | | | | | | | | | | | City: |  | | | | |
|  | | | |  | | | | | | | | | | | | |  | | | | |  | | | | |
| Province: | | | |  | | | | | | | | | | | | | Postcode: | | |  | | | | | | |
|  | | | |  | | | | | | | | | | | | |  | | |  | | | | | | |
| **LOSS PAYABLE(S)** | | | |  | | | | | | | | | | | | |  | | | | |  | | | | |
|  | | | |  | | | | | | | | | | | | |  | | | | |  | | | | |
| List in order ALL mortgagees, loss payees, additional interests, and other interested parties (name and address): | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | |  | | | | | | | | | | | | |  | | | | |  | | | | |
| Full Name of Legal Entity Name: | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
| Address: | |  | | | | | | | | | | | | | | | City: | | | |  | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Province: | |  | | | | | | | | | | | | | Postcode: | | |  | | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | |  | | | | | | | | |
| **WILDFIRE + FLOOD** | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Is this risk located within 25kms of a current wildfire? | | | | | | | | | | | | | | | Yes No | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Is this risk located in an area that is currently under flood warning? | | | | | | | | | | | | | | | Yes No | | | | | |  | | | | | |
| **E-SIGNATURE AUTOMATION** | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Applicant’s Email Address for E-Signature\*: | | | | | | | | |  | | | | | | | | | | | | | | | | | |

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| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. | | | | |
| **Signature of Applicant(s):** |  | | **Date:** |  |
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| **Brokerage:** |  | | **Broker ID#:** |  |
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| **Broker Email:** |  | | **Phone:** |  |
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| **Email completed apps to newpersonal@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.** | | | | |