**VACANT COMMERCIAL BUILDING** –APPLICATION FOR INSURANCE

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| **APPLICANT INFORMATION** |
| Applicant’s email address\* (required for e-signature) |       |
| Applicant Name(s):*if company, provide principal name(s)*  |       |
| Mailing address:  |       |
|  |  |
| How many mortgages / liens / encumbrances are on the property? | [ ]  0 [ ]  1 [ ]  2 [ ]  3 or more |
| Are any mortgage or encumbrance payments in arrears?  | [ ]  No [ ]  Yes  |
| Has insurance ever been cancelled or refused for this property?  | [ ]  No [ ]  Yes - details:      \_\_\_\_\_  |
| Have there been any claims or losses (whether covered by insurance or not) at this location in the past 5 years?  | [ ]  No [ ]  Yes – details below (attach sheet if needed) |
|  Claim Details (cause, date, amounts paid)      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Was damage professionally repaired? [ ]  No [ ]  Yes  |
| **RISK INFORMATION** |  |
| Risk location: |       |
| Size of property in acres: |        acres |
| Has the risk location ever been evacuated or put on notice of evacuation due to a wildfire or flood? [ ]  No [ ]  Yes |
| Previous/Intended Occupancy: | [ ]  Office [ ]  Retail [ ]  Manufacturing [ ]  Residential [ ]  Warehouse [ ]  Bar/Restaurant [ ]  Agricultural [ ]  Other:       |
|  |  |
| Type of construction:  | [ ]  Wood Frame [ ]  Concrete Block / Masonry [ ]  Log [ ]  Fire Resistive [ ]  Modular / Prefab |
|  |  |
| Year built:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Square footage:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Number of stories | [ ]  1 [ ]  2 [ ]  3 [ ]  4 or more  |
| Year of complete roof replacement:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Vacancy Effective Date (what date did vacancy begin, or what date will it begin) :      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |
| Reason for vacancy / plans for this property *– check all that apply:* |
| [ ]  For sale [ ]  Will be rented to others [ ]  Will be occupied by owner within 12months [ ]  Slated for demolition [ ]  In foreclosure [ ]  In probate and will be for sale  [ ]  Unrepaired damage [ ]  Will be renovated [ ]  Condemned or occupancy not permitted [ ]  Other (describe):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |
| Is the property visited (including interior) at least once every 72 hours by a competent individual? [ ]  No [ ]  Yes  Name of individual:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Is the interior and exterior of the building always maintained in a saleable and useable condition? [ ]  No [ ]  Yes  If no, describe:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Will the building be demolished in the next 24 months? [ ]  No [ ]  Yes |
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| Will there be any renovations to the building in the next 12 months? [ ]  No [ ]  Yes |
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|  Describe:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cost of renovations:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Will there be any structural work or repairs? [ ]  No [ ]  Yes (describe):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |  |
| MORTGAGEE - Name + Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **COVERAGE INFORMATION** |
| Building: | $      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Premises Liability: [ ]  $1,000,000 [ ]  $2,000,000 |
| Earthquake coverage requested? [ ]  No [ ]  Yes |

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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 th:at 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 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:**  |  |
| **Brokerage:****Broker ID#:****Broker Email:**  |