**RENTED RESIDENTIAL 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:  |       |
| Date(s) of Birth: |       |
| Occupation(s):  |       |
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| 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? [ ]  Yes [ ]  No  |
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| **RISK INFORMATION:**  |
| Risk location: |       |
| Size of property in acres: | [ ]  City sized lot [ ]  15 or less acress [ ]  More than 15 acres |
| Has the risk location ever been evacuated or put on notice of evacuation due to a wildfire or flood? [ ]  No [ ]  Yes |
| Year Built: |       |
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| Type of building: | [ ]  Detached [ ]  Duplex [ ]  Triplex [ ]  Fourplex [ ]  Fiveplex [ ]  Sixplex + [ ]  Mobile [ ]  Row House/Townhouse  |
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| Type of construction:  | [ ]  Wood Frame [ ]  Concrete Block / Masonry [ ]  Log [ ]  Fire Resistive [ ]  Clay [ ]  Straw [ ]  Modular / Prefab |
|  |  |
| Type of foundation:  | [ ]  Poured Concrete [ ]  Concrete Block [ ]  Crawlspace [ ]  Treated Lumber [ ]  Brick / Stone [ ]  Post + Pier  |
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| Number of stories | [ ]  1 [ ]  2 [ ]  3 [ ]  4 or more  |
| Square footage: |       |
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| Will the home be demolished in the next 24 months? [ ]  No [ ]  Yes |
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| Will there be any renovations to the home in the next 12 months? [ ]  No [ ]  Yes – details below. |
|  Details of renovation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Renovation budget: $       Will there be any structural renovations (eg. adding or removing walls)? [ ]  No [ ]  Yes |
| Electrical Details:  |
|  [ ]  Circuit Breakers [ ]  Fuses [ ]  Knob + Tube [ ]  Mixed – more than one of the above types |
|  How many amps is the electrical system? [ ]  100 amps or more [ ]  Less than 100 amps  |
|  Year of electrical update:       |
|  Type of wiring: [ ]  Copper [ ]  Aluminum [ ]  Mixed – copper + aluminum |
|  If there is any aluminum wiring, what percentage is aluminum and has it been inspected and approved by a licensed e electrician? Percentage:       Inspected? [ ]  No [ ]  Yes (attach copy of report) |
| Roof Details: |
|  Material:  | [ ] Asphalt Shingles [ ]  Cedar [ ]  Clay / Slate [ ]  Rubber [ ]  Flat Deck/Tar+Gravel [ ]  Green [ ]  Metal [ ]  Straw [ ] Thatched [ ]  Zinc [ ]  Multiple – more than one of above roof types  |
|  Year of complete roof replacement:       |
| Plumbing Details: |
|  Type(s):  | [ ]  Copper, PEX, PVC, ABS [ ]  Polybutylene [ ]  Galvanized steel [ ]  Kitec [ ]  Cast Iron [ ]  Mixed – more than one of the above types of plumbing  |
|  Year of plumbing update:        |
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| Year of hot water tank(s):       |
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| Heating Details: |
|  Is there a thermostatically regulated heating system? [ ]  Yes [ ]  No  |
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|  Does the home have a solid fuel heat device (other than traditional fireplace)? [ ]  Yes [ ]  No  |
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|  If yes, is woodheat the primary source or more than 3 cords of wood burned annually? [ ]  Yes [ ]  No  |
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|  Does the home have an oil tank? [ ]  Yes [ ]  No  |
| Are there operational smoke detectors? [ ]  Yes [ ]  No |
| Is there an operational sprinkler system? [ ]  Yes [ ]  No  |
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| **Occupancy**  |  |
| How many rented, self-contained units are there?       |
| Basis of rental accommodation provided by landlord/applicant?  | [ ]  Renting by room (collecting rent individually from each room occupier) [ ]  Renting a complete unit with kitchen and bath [ ]  Renting entire home [ ]  Student Housing [ ]  Other (Please describe):       |
|  |  |
| How long is the rental?  | [ ]  Annual [ ]  Monthly [ ]  Weekly [ ]  Daily [ ]  Other (Please describe):       |
|  |  |
| Does the owner live more than 120 minutes drive away from the risk location? [ ]  Yes [ ]  No  |
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| Who checks the home / property on a regular basis? [ ]  Property Manager [ ]  Friend / Relative [ ]  Owner  [ ]  Tenant [ ]  Other (Please describe):       |
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| Is there any farming, business, or commercial operations on premises? [ ]  No [ ]  Yes - describe:       |
|  |  |
| (Mortgagee) – Name + Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **COVERAGE INFORMATION** |
| Residential Building Limit: $       |
| Detached Private Structures: 10% limit for detached structures included |
| Landlord’s Contents + Domestic Appliances: $50,000 limit included |
| Annual Rental Income: $       |
| Premises Liability: [ ]  $1,000,000 [ ]  $2,000,000 |

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| Is earthquake coverage requested? [ ]  Yes [ ]  No Is sewer backup coverage requested? [ ]  Yes [ ]  No**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 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. |
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| **Applicant Signature:**  | **Date:**  |

 **Brokerage:**        **Broker ID#:**  **Broker Name:**   **Broker Email:**  |

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