**VACANT 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: | | | |  | | | | | | | |
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| How many mortgages / 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 | | | | | | | | | | | |
| **RISK INFORMATION** | | | | | | |  | | | | |
| Risk location: | | |  | | | | | | | | |
| Size of property in acres: | | | City Sized lot  15 or less acres  16+ acres | | | | | | | | |
| Has the risk location ever been evacuated or put on notice of evacuation due to a wildfire or flood?  No  Yes | | | | | | | | | | | |
| Is the home viewable from a paved road? | | | | | | | | | Yes  No | | |
| Type of building: | | | Detached  Duplex  Triplex  Fourplex  Fiveplex  Sixplex +  Mobile  Row House/Townhouse | | | | | | | | |
|  | | |  | | | | | | | | |
| Type of construction: | | | Wood Frame  Concrete Block / Masonry  Log  Fire Resistive  Clay  Straw  Modular / Prefab | | | | | | | | |
|  | | |  | | | | | | | | |
| Year built:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Square footage:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Number of stories | | | 1  2  3  4 or more Number of units      \_\_ | | | | | | | | |
| Year of complete roof replacement:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
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| Will the home be demolished in the next 24 months?  Yes  No | | | | | | | | | | | |
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| Will there be any renovations to the home in the next 12 months?  Yes  No | | | | | | | | | | | |
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| Basement finishing/reno  Maintenance–windows, roof, siding  Foundation – reno/place  Addition to overall footprint of home  Kitchen, bathroom reno  Complete home remodel    Addition of another level to the home  Repairing property damage from an incident  Finishing garage to living space  Other (describe):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
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| Cost of renovations:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
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| Will there be any structural work or repairs?  No  Yes (describe):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
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| Vacancy Effective Date (what date did vacancy begin, or what date will it begin) :      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
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| Reason for vacancy / plans for this property *– check all that apply:* | | | | | | | | | | |
| Home is for sale  Home will be rented to others  Home will be occupied by owner within 12months  Home is slated for demolition  Home is inforeclosure  Home deemed not suitable for habitation    Home has unrepaired damage  Home will be renovated  Home is in probate and will be for sale  Other (describe):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | | | | | |  | | | | |
| Is the property visited (including interior) at least once every 72 hours by a competent individual?  Yes  No  Name of individual:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
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| Is the interior and exterior of the building always maintained in a saleable and useable condition?  Yes  No  If no, describe:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
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| Is there any farming, business, or commercial operations on premises?  No  Yes (describe):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
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| MORTGAGEE - Name + Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **COVERAGE INFORMATION** | | | | | | | | | | | |
| Vacant Residential Building: | | | | | $      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Detached Private Structures: 10% of residential building limit included | | | | | | | | | | | |
| Domestic Appliances: $50,000 included | | | | | | | | | | | |
| Premises Liability:  $1,000,000  $2,000,000 | | | | | | | | | | | |
| Sewer backup coverage requested?  Yes  No  Earthquake coverage requested?  Yes  No | | | | | | | | | | | |
| Requested Policy Term (in months):      \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

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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:** | | | |