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| **EARTHQUAKE DEDUCTIBLE BUY-DOWN** – APPLICATION FOR INSURANCE |

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| The following underwriting information has been provided by you or on your behalf. It is understood that the Insurer(s) has relied upon this information for risk acceptance to provide quote and coverage acceptability. Any misrepresentation or omission will render an insurance policy null and void from inception. **PLEASE READ CAREFULLY.** |

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| **APPLICANT INFORMATION** | | | | | |  | | | | | | | | | | | | | |
| **NOTE:** Welcome to Forward’s Earthquake Deductible Buy-Down program. **Each building will require a separate quote – one building per policy.** This means that you must obtain separate quotes and separate policies for each building on a schedule for which you would like to reduce the Earthquake deductible. | | | | | | | | | | | | | | | | | | | |
| Due to reinsurance constraints, this product is of limited supply and coverage can only be confirmed at the time of policy issuance – coverage availability is only confirmed once you issue the policy in JET. All quotes are subject to availability of coverage at the time of binding. | | | | | | | | | | | | | | | | | | | |
| Applicant’s Email Address for E-Signature\*: | | | | | |  | | | | | | | | | | | | | |
| Applicant (Legal Name(s)): | | | | | |  | | | | | | | | | | | | | |
| Risk Location: | | | | | |  | | | | | | | | | | | | | |
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| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Original Build – Year of Building: | | | | |  | | |  | | | | | | | | | | | |
| Total number of stories above grade: | | | | |  | | |  | | | | | | | | | | | |
| Total number of levels below grade | | | | |  | | |  | | | | | | | | | | | |
| Construction Type: | | | | |  | | | |  | | | | | | | | | | |
|  | Wood Frame | | | Timber | | | | | | Steel on Steel | | | | | | HCB | | | |
|  | Masonry | | | Concrete | | | | | | ICF | | | | | | Mixed | | | |
| What is the occupancy of the building? | | | | | | | | | | | | | | | | | | | |
|  | Residential Building Up to Six Plex | | | | | | | | | | | Town Home Building | | | | | | | |
|  | Apartment Building - Residential | | | | | | | | | | | Office | | | | | | | |
|  | Retail | | | | | | | | | | | Light Industrial | | | | | | | |
|  | Mixed Use (Office, Residential, Retail, and/or Light Industrial) | | | | | | | | | | | Manufacturing\* | | | | | | | |
|  | Agriculture (excluding greenhouse) | | | | | | | | | | | Greenhouse | | | | | | | |
|  | Dock, Wharf, Pier | | | | | | | | | | | Specialty - Bottling | | | | | | | |
|  | Specialty - Mining | | | | | | | | | | | Specialty - Petrochemicals | | | | | | | |
|  | Specialty - Railroad related | | | | | | | | | | | Specialty - Power Generation or Utilities | | | | | | | |
|  | | \*If manufacturing, please provide details: | | | | |  | | | | | | | | | | | | |
| Is the building under construction? | | | | | | |  | | | | | | | | Yes\*  No | | | | |
|  | | \*If yes, please provide details: | | | | |  | | | | | | | | | | | | |
| Has the building had a seismic upgrade? | | | | | | | | | | | | | | | Yes\*  No | | | | |
|  | | \*If yes, year of seismic upgrade: | | | | |  | | | |  | | | |  | | | | |
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| Is there a soft storey in the building or mezzanine in the building? | | | | | | | | | | | | | | | Yes  No | | | | |
| Is the building (or part thereof) built upon a dock, wharf, pier, and/or over water? | | | | | | | | | | | | | | | Yes  No | | | | |
| Does the overlying policy provide any coverage for Fine Arts, Antiques, and/or Wine Stocks? | | | | | | | | | | | | | | | Yes\*  No | | | | |
|  | | \*If yes, please provide details: | | | | |  | | | | | | | | | | | | |
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| Does the overlying policy provide any coverage for cranes or scaffolding? | | | | | | | | | | | | | | | Yes  No | | | | |
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| **COVERAGES** | | | | | | | | | | | | | | |  | | | | |
| What is the current earthquake coverage limit of insurance on the overlying policy? | | | | | | | | | | | | | | | $ | | | | |
|  | | | | | | |  | | | | | | | |  | | | | |
| What is the current earthquake deductible on the overlying policy? | | | | | | | | | | | 20% | | | 15% | | | | 10% | 5% |
| What earthquake deductible does the applicant wish to buy down to? | | | | | | | | | | | 15% | | 10% | | | | 5% | | |
| Overlying Policy covering the building – Policy number: | | | | | | | | | | |  | | | | | | | | |
| Overlying Policy covering the building – Insurer Name: | | | | | | | | | | |  | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | | | | | | | | |

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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 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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| **Signature of Applicant(s):** |  | **Date:** |  |
| **Brokerage:** |  | **Broker ID#:** |  |
| **Broker Email:** |  | **Phone:** |  |
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| **Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.** | | | |