**COMMERCIAL BUILDING OWNERSHIP -** Application for Insurance

This product is designed for Building Ownership accounts (targeting: Retail, Mercantile, Office, Residential, Light Industrial, and a mix of these occupancies) – this product does not cover any business operations. One single building/location per policy. If you have multiple locations, you would need to submit the additional locations as a separate entry.

**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** |
|  |
| Contact Email Address:*(Required for e-signatures)* |       |
|  |
|  |  |  |  |
| Applicant(s) / Legal Name(s): |       |
|  |  |
| Location of risk – Province: |       |  |
|  |  |
| Applicant attestation: The Applicant understands that this product is strictly a building ownership insurance product (covering the building and liability as landlord/owner at the premises). Any other operations on the part of the Applicant are not covered. The Applicant further attests that should they have any operations at the premises, they will carry separate liability insurance covering those operations fully. | [ ]  Yes [ ]  No |
|  |  |
| Type of risk: | [ ]  Building Ownership – 100% Rented to others | [ ]  Building Ownership – 100% Owner Occupied |
|  | [ ]  Building Ownership – Mixed-Owner occupied and rental | [ ]  Strata title/ Condo corp |
|  |  |  |
|  |  |  |
| **PRIOR INSURANCE** |  |   |
|  |  |  |
| Does the Applicant currently carry insurance for this risk? [ ]  Yes [ ]  No |  |
|  |  |
| Insurer: |       | Premium: | $      | Policy Number: |       |
|  |  |  |  |  |  |
| Has the applicant organization ever had insurance cancelled, declined or refused by an insurance company? | [ ]  No [ ]  Yes  |
|  |  |
|  | If yes, check reason for decline/ refusal/ cancellation: |
|  |  |
|  | [ ]  Due to cancellation for non-payment (premium owned has been paid) | [ ]  Due to underwriting reasons |
|  | [ ]  Due to cancellation for non-payment (premium still owing to insurer) | [ ]  Insurer is no longer writes this class |
|  | [ ]  Due to condition of building | [ ]  Due to lack of updates to building |
|  | [ ]  Due to occupancy | [ ]  Due to vacancy |
|  | [ ]  Due to claims record  | [ ]  Other  |
|  |  |  |
|  | If other, please describe: |       |
|  |  |  |
| Has there been a gap in insurance? [ ]  Yes [ ]  No |  |
|  |  |
|  | If yes, please describe reason for the gap in coverage: |       |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **LOSS HISTORY** |  |
|  |  |  |
| Has the applicant had any claims in the last five years? If so, please provide details. | [ ]  No [ ]  Yes  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Claim 1 Details – Date:  |       |  |
|  |  |  |
|  | Type of loss: |  |
|  |  |  |
|  | [ ]  Aircraft or vehicle impact | [ ]  Arson | [ ]  Burglary | [ ]  Change in Temperature |
|  | [ ]  Earthquake | [ ]  Electrical Current | [ ]  Explosion | [ ]  Falling Object |
|  | [ ]  Fire | [ ]  Flood | [ ]  Freezing | [ ]  Hail |
|  | [ ]  Landside | [ ]  Lightning | [ ]  Malicious Acts | [ ]  Other-Liability |
|  | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup | [ ]  Smoke |
|  | [ ]  Storm | [ ]  Tenant Vandalism | [ ]  Water | [ ]  Wildfire |
|  | [ ]  Wind |  |  |  |
|  |
|  | Was damage professionally repaired? | [ ]  No [ ]  Yes | Is the claim open or closed?: | [ ]  Open [ ]  Closed  |
|  |  |  |  |
|  | Loss/Expenses Paid: | $      |  |
|  |  |  |  |
| Claim 2 Details – Date:  |       |  |
|  |  |  |
|  | Type of loss: |  |
|  |  |  |
|  | [ ]  Aircraft or vehicle impact | [ ]  Arson | [ ]  Burglary | [ ]  Change in Temperature |
|  | [ ]  Earthquake | [ ]  Electrical Current | [ ]  Explosion | [ ]  Falling Object |
|  | [ ]  Fire | [ ]  Flood | [ ]  Freezing | [ ]  Hail |
|  | [ ]  Landside | [ ]  Lightning | [ ]  Malicious Acts | [ ]  Other-Liability |
|  | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup | [ ]  Smoke |
|  | [ ]  Storm | [ ]  Tenant Vandalism | [ ]  Water | [ ]  Wildfire |
|  | [ ]  Wind |  |  |  |
|  |
|  | Was damage professionally repaired? | [ ]  No [ ]  Yes | Is the claim open or closed?: | [ ]  Open [ ]  Closed  |
|  |  |  |  |
|  | Loss/Expenses Paid: | $      |  |
|  |  |  |  |
| Claim 3 Details – Date:  |       |  |
|  |  |  |
|  | Type of loss: |  |
|  |  |  |
|  | [ ]  Aircraft or vehicle impact | [ ]  Arson | [ ]  Burglary | [ ]  Change in Temperature |
|  | [ ]  Earthquake | [ ]  Electrical Current | [ ]  Explosion | [ ]  Falling Object |
|  | [ ]  Fire | [ ]  Flood | [ ]  Freezing | [ ]  Hail |
|  | [ ]  Landside | [ ]  Lightning | [ ]  Malicious Acts | [ ]  Other-Liability |
|  | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup | [ ]  Smoke |
|  | [ ]  Storm | [ ]  Tenant Vandalism | [ ]  Water | [ ]  Wildfire |
|  | [ ]  Wind |  |  |  |
|  |
|  | Was damage professionally repaired? | [ ]  No [ ]  Yes | Is the claim open or closed?: | [ ]  Open [ ]  Closed  |
|  |  |  |  |
|  | Loss/Expenses Paid: | $      |  |
|  |  |  |  |
| **RISK INFORMATION** |
|  |  |  |  |

|  |  |
| --- | --- |
| **RISK LOCATION** |  |
|  |  |  |
| Address: |       | City: |       |
|  |  |  |  |  |
| Province: |       | Postcode/ZIP Code: |       |  |
|  |  |  |  |  |  |  |
| Has the risk location ever been evacuated or put on notice of evacuation due to wildfire? | [ ]  No [ ]  Yes |
|  |  |
| Has the risk location ever been evacuated or put on notice of evacuation due to flood? | [ ]  No [ ]  Yes |
|  |  |
| **BUILDING DETAILS** |  |
|  |  |
| Year Built: |       |  | Is the building a designated heritage building? | [ ]  No [ ]  Yes |
|  |  |  |  |
| Number of Stories above grade: |       | Number of Stories below grade: |       |  |
|  |  |  |  |
| Number of self-contained units: |       |  |  |
|  |  |  |  |
| Building Construction: | [ ]  Wood Frame  | [ ]  Non Combustible (HCB)  | [ ]  Non Combustible (Steel)  |
|  | [ ]  Fire Resistive  | [ ]  Modular/ Prefab  | [ ]  Steel frame with fabric covering  |
|  |  |  |  |
| Square Footage of Building: |       | Year of complete roof replacement: |       |  |
|  |  |  |  |
| Year of latest update to electrical: |       |   |
|  |  |  |  |
| Electrical – Amps: | [ ]  60  | [ ]  80 | [ ]  100 | [ ]  200  | [ ]  400  | [ ]  Greater than 400  |
|  |  |  |  |
| Electrical type: | [ ]  Circuit Breakers  | [ ]  Fuses  | [ ]  Mixed – more than one of the above types  |
|  |  |  |  |
| Wiring type: | [ ]  Aluminum  | [ ]  Copper  | [ ]  Knob + Tube  | [ ]  Mixed – Aluminum, Copper and/or Knob + Tube  |
|  |  |  |  |  |
|  | What percentage is aluminum? |       | Has the electrical wiring been inspected and approved by a licensed electrician? | [ ]  No [ ]  Yes – attatch report |
|  |
|  |  |  |  |  |
| Year of latest update to plumbing: |       |  |  |
|  |  |  |  |
| Types of plumbing: | [ ]  Copper, PEX, PVC, ABS  | [ ]  Polybutylene | [ ]  Galvanized Steel  |
|  | [ ]  Kitec  | [ ]  Cast Iron  | [ ]  Mixed  |
|  |  |  |  |
| Year of heating system: |       |  |  |
|  |  |  |  |
| Primary Heating Type for building: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | [ ]  Baseboard Electric | [ ]  Boiler – In floor radiant heat | [ ]  Boiler – water baseboard |
|  | [ ]  Combination – Forced Air Furnace  with add on wood burning unit | [ ]  Fireplace inserts | [ ]  Forced Air Furnace |
|  | [ ]  Heat pump | [ ]  Other | [ ]  Plug-in space heaters |
|  | [ ]  Radiant Ceiling Heat Panels - Electric | [ ]  Stoves (wood heat, pellet) | [ ]  Wall Furnace / Wall Heater |
|  | [ ]  Wood heat appliance |  |  |
|  |  |  |  |
|  | If other, describe: |       |
|  |  |  |  |

|  |  |
| --- | --- |
| Does the home have a solid fuel heat device (other than a traditional fireplace)? | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | If yes, was the solid fuel heat device professionally installed? |  | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | Is there a passed WETT inspection on file? |  | [ ]  No [ ]  Yes\* |
|  | *\*If yes, please attach a copy of the WETT inspection.* |  |  |
|  |  |  |  |
|  | Have modifications been made to the solid fuel heat device? |  | [ ]  No [ ]  Yes |
|  |  |  |  |
|  | **The applicant attests that the following risk management is in place at the home:** |  |
|  |  |  |
|  | The solid fuel heat device and chimney are cleaned every year prior to heating season? | [ ]  No [ ]  Yes |
|  |  |  |
|  | Ashes are disposed of in a metal, lidded container and placed on a non-flammable surface? | [ ]  No [ ]  Yes |
|  |  |  |
|  | At least 24 inches of clear space will be maintained from the solid fuel heat device to furniture, fuel, or other combustible materials? | [ ]  No [ ]  Yes |
|  |  |  |
| Sprinklered: | [ ]  No [ ]  Yes | Centrally monitored alarm: | [ ]  No [ ]  Yes |
|  |  |  |  |

|  |  |
| --- | --- |
| Will there be any construction or renovation activity on the premises during the next 12 months? | [ ]  No [ ]  Yes |
|  |  |  |
|  | If yes, please check all that apply: |  |  |
|  |
|  | [ ]  Basement finishing/reno  | [ ]  Minor cosmetic (paint, flooring, cabinets) | [ ]  Addition to overall footprint of home  |
|  | [ ]  Raising home or addition of level | [ ]  Complete building remodel  | [ ]  Maintenance – windows, roof, siding  |
|  | [ ]  Repairing property damage from an incident  | [ ]  Foundation – reno/replace  |  |
|  |  |  |  |
|  |
|  What is the budget for renovations?  | $      |  |
|  |  |  |
|  Will there be any structural renovations (e.g. adding or removing walls)? | [ ]  No [ ]  Yes |
|  |  |  |
| **RISK INFORMATION** |
|  |  |  |
| **OCCUPANCY DETAILS**  |  |  |
|  |  |  |
| Choose category of occupancy 1: |  |
|  |  |
|  | [ ]  Unit under construction or renovation  | [ ]  Unit is vacant  | [ ]  Residential  |
|  | [ ]  Retail  | [ ]  Office  | [ ]  Hospitality  |
|  | [ ]  Industrial  | [ ]  Storage  | [ ]  Medical  |
|  | [ ]  Agricultural  | [ ]  Manufacturing  | [ ]  Food and beverage processing  |
|  | [ ]  Abattoirs  | [ ]  Education  | [ ]  Recreation  |
|  | [ ]  Other  |   |   |
|  |  |  |  |
|  | Describe occupancy: |       |
|  |  |  |  |
| Choose category of occupancy 2: |  |
|  |  |
|  | [ ]  Unit under construction or renovation  | [ ]  Unit is vacant  | [ ]  Residential  |
|  | [ ]  Retail  | [ ]  Office  | [ ]  Hospitality  |
|  | [ ]  Industrial  | [ ]  Storage  | [ ]  Medical  |
|  | [ ]  Agricultural  | [ ]  Manufacturing  | [ ]  Food and beverage processing  |
|  | [ ]  Abattoirs  | [ ]  Education  | [ ]  Recreation  |
|  | [ ]  Other  |   |   |
|  |  |  |  |
|  | Describe occupancy: |       |
|  |  |  |  |
| Choose category of occupancy 3: |  |
|  |  |
|  | [ ]  Unit under construction or renovation  | [ ]  Unit is vacant  | [ ]  Residential  |
|  | [ ]  Retail  | [ ]  Office  | [ ]  Hospitality  |
|  | [ ]  Industrial  | [ ]  Storage  | [ ]  Medical  |
|  | [ ]  Agricultural  | [ ]  Manufacturing  | [ ]  Food and beverage processing  |
|  | [ ]  Abattoirs  | [ ]  Education  | [ ]  Recreation  |
|  | [ ]  Other  |   |   |
|  |  |  |  |
|  | Describe occupancy: |       |
|  |  |  |  |
| Choose category of occupancy 4: |  |
|  |  |
|  | [ ]  Unit under construction or renovation  | [ ]  Unit is vacant  | [ ]  Residential  |
|  | [ ]  Retail  | [ ]  Office  | [ ]  Hospitality  |
|  | [ ]  Industrial  | [ ]  Storage  | [ ]  Medical  |
|  | [ ]  Agricultural  | [ ]  Manufacturing  | [ ]  Food and beverage processing  |
|  | [ ]  Abattoirs  | [ ]  Education  | [ ]  Recreation  |
|  | [ ]  Other  |   |   |
|  |  |  |  |
|  | Describe occupancy: |       |
|  |  |  |  |
|  |  |  |  |
| Does the Applicant’s lease documents require that the tenants take care of the snow removal and de-icing? | [ ]  No [ ]  Yes |
|  |  |
|  | If no, Does the Applicant have an arrangement in place with a contractor to remove snow and de-ice the premises during the winter months and proof of liability insurance is obtained each year, OR the Applicant confirms that the Applicant themselves will diligently remove snow/de-ice? | [ ]  No [ ]  Yes |
|  |  |  |
| Do any of the tenants perform any sort of hot process in the building (welding, etc.)? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, describe: |       |
|  |  |  |
| **ADJACENT EXPOSURES** |  |
|  |  |
| North - Distance to nearest structure (in feet)? |       |  |
|  |  |  |
| North – Occupancy: | [ ]  Commercial building (retail, office)  | [ ]  Farmland  | [ ]  Greenfield  |
|  | [ ]  Industrial building  | [ ]  Manufacturing building  | [ ]  Multi-family apartment  |
|  | [ ]  Multi-family condo apartment  | [ ]  Single-family detatched home(s)  | [ ]  Townhome block(s) |
|  | [ ]  Vacant lot - Commercial  | [ ]  Vacant lot – Residential |  |
|  |  |  |  |
|  | Construction type: | [ ]  Wood Frame  | [ ]  Non-Combustible  | [ ]  Fire Resistive  | [ ]  Other  |
|  |  |  |  |  |  |
|  |  | If other, specify: |       |  |  |
|  |  |  |  |  |  |
| South - Distance to nearest structure (in feet)? |       |  |
|  |  |  |
| South – Occupancy: | [ ]  Commercial building (retail, office)  | [ ]  Farmland  | [ ]  Greenfield  |
|  | [ ]  Industrial building  | [ ]  Manufacturing building  | [ ]  Multi-family apartment  |
|  | [ ]  Multi-family condo apartment  | [ ]  Single-family detatched home(s)  | [ ]  Townhome block(s) |
|  | [ ]  Vacant lot - Commercial  | [ ]  Vacant lot – Residential |  |
|  |  |  |  |
|  | Construction type: | [ ]  Wood Frame  | [ ]  Non-Combustible  | [ ]  Fire Resistive  | [ ]  Other  |
|  |  |  |  |  |  |
|  |  | If other, specify: |       |  |  |
|  |  |  |  |  |  |
| East - Distance to nearest structure (in feet)? |       |  |
|  |  |  |
| East – Occupancy: | [ ]  Commercial building (retail, office)  | [ ]  Farmland  | [ ]  Greenfield  |
|  | [ ]  Industrial building  | [ ]  Manufacturing building  | [ ]  Multi-family apartment  |
|  | [ ]  Multi-family condo apartment  | [ ]  Single-family detatched home(s)  | [ ]  Townhome block(s) |
|  | [ ]  Vacant lot - Commercial  | [ ]  Vacant lot – Residential |  |
|  |  |  |  |
|  | Construction type: | [ ]  Wood Frame  | [ ]  Non-Combustible  | [ ]  Fire Resistive  | [ ]  Other  |
|  |  |  |  |  |  |
|  |  | If other, specify: |       |  |  |
|  |  |  |  |  |  |
| West - Distance to nearest structure (in feet)? |       |  |
|  |  |  |
| West – Occupancy: | [ ]  Commercial building (retail, office)  | [ ]  Farmland  | [ ]  Greenfield  |
|  | [ ]  Industrial building  | [ ]  Manufacturing building  | [ ]  Multi-family apartment  |
|  | [ ]  Multi-family condo apartment  | [ ]  Single-family detatched home(s)  | [ ]  Townhome block(s) |
|  | [ ]  Vacant lot - Commercial  | [ ]  Vacant lot – Residential |  |
|  |  |  |  |
|  | Construction type: | [ ]  Wood Frame  | [ ]  Non-Combustible  | [ ]  Fire Resistive  | [ ]  Other  |
|  |  |  |  |  |  |
|  |  | If other, specify: |       |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **OTHER RISK INFORMATION** |  |  |  |
|  |  |  |  |
| Is there any retail, wholesaling, storage, or manufacturing of guns and ammunition in the building? | [ ]  No [ ]  Yes  |
|  |  |
| Is there any retail, wholesaling, storage, or manufacturing of pyrotechnics, fire works, or any explosives in the building? | [ ]  No [ ]  Yes |
|  |  |
| Is there a deep fat fryer on premises? | [ ]  No [ ]  Yes |
|  |  |
| Is there an automatic fire extinguishing system in the commercial kitchen facility (if applicable)? | [ ]  No [ ]  Yes |
|  |  |
| Is there any manufacturing or wholesaling or storing of plastics, fiberglass, or rubber products in the building? | [ ]  No [ ]  Yes |
|  |  |
| Is there any manufacturing or wholesaling or storing of tobacco or vape products in the building? | [ ]  No [ ]  Yes |
|  |  |
| Is there any manufacturing or wholesaling or storing of chemicals, adhesive glues, or hazardous materials in the building? | [ ]  No [ ]  Yes |
|  |  |
| Is there any manufacturing or wholesaling or storing of pharmaceuticals or drugs in the building? | [ ]  No [ ]  Yes |
|  |  |
| Is there any electroplating taking place in the building? | [ ]  No [ ]  Yes |
|  |  |
| **COVERAGES** |
|  |
| **LIMITS** |
|  |
| Building Limit: | $      |  |
|  |  |
| Coverage type (note: the coverage you select may not be available due to age of building – always refer to the final quote document) |
|  |
|  | [ ]  Broad Form  | [ ]  Limited Perils |
|  |  |  |
|  |  | If broad form, choose deductible as a result of water damage: |
|  |  |  |
|  |  | [ ]  $5,000  | [ ]  $10,000  | [ ]  $25,000  | [ ]  $50,000  |
|  |  |  |  |  |  |
| Basis of claim payment (note: the coverage you select may not be available due to age of building – always refer to the final quote document) |
|  |
|  | [ ]  Replacement cost  | [ ]  Actual Cash Value  | [ ]  Wreckage Value  |
|  |  |  |  |
| Deductible: | [ ]  $2,500  | [ ]  $5,000  | [ ]  $10,000  | [ ]  $25,000  |
|  |  |  |  |  |
| Does the applicant require loss of rental income coverage? | [ ]  No [ ]  Yes |  |
|  |  |  |
|  | Gross Rents (Loss of Rental Income): | $       | Indemnity Period: [ ]  12 months [ ]  18 months  |
|  |  |  |  |
| Optional Business Personal Property (Ex: Major Appliances) | $       |  |
|  |  |  |  |
| Optional Equipment Breakdown: | [ ]  Required  | [ ]  Not Required  |
|  |  |  |
| Optional Crime Coverage (3D): | [ ]  Not Required  | [ ]  $10,000  | [ ]  $25,000  |
|  |  |  |  |
| Sewer Backup Coverage: | [ ]  No [ ]  Yes | Flood Coverage: | [ ]  No [ ]  Yes |
|  |  |  |  |
| Earthquake Coverage: | [ ]  No [ ]  Yes |  |  |
|  |  |  |  |
| **OPTIONAL LIABILITY INSURANCE** |  |  |  |
|  |  |  |  |
| Is Liability coverage required? | [ ]  No [ ]  Yes |  |  |
|  |  |  |  |
|  | Liability Limit: | [ ]  $1,000,000  | [ ]  $2,000,000  | [ ]  $3,000,000  | [ ]  $4,000,000  | [ ]  $5,000,000  |
|  |  |  |  |  |  |  |
|  |  | SPF #6 Non-owned Automobile Liability: | [ ]  Not Required [ ]  $1,000,000  |
|  |  |  |  |

|  |
| --- |
| **ISSUANCE INFORMATION** |
|  |
| **POLICY TERM INFORMATION** |
|  |
| Proposed Effective Date (MM/DD/YYYY): |       |  |
|  |  |
| **MAILING ADDRESS** |  |
|  |  |
| Mailing address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| **MORTGAGEES** |
|  |  |  |  |
| List in order ALL mortgagees, loss payees, additional interests, and other interested parties (name and address): |
|  |  |  |  |
| Full Name or Legal Entity Name: |       |
|  |  |  |  |
| Mailing address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| Full Name or Legal Entity Name: |       |
|  |  |  |  |
| Mailing address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| Full Name or Legal Entity Name: |       |
|  |  |  |  |
| Mailing address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| **ADDITIONAL INSUREDS -** add any Additional Insureds required with respect to liability coverage (e.g. Landlord, contract requirements, etc.): |
| Additional Insured 1 - Name: |       |
|  |  |  |
|  Address, City, Prov, PostCode: |       |
|  |  |
| What is the relation between the Applicant and the additional insured entity? | [ ]  Customer of Insured[ ]  Landlord | [ ]  Government Body[ ]  Lead Contractor | [ ] Lessor/finance company[ ] Joint Venture  |
|  |  |  [ ]  Subsidiary (100% wholly owned by Applicant) |  [ ] Other |
|   |   |  [ ]  Subsidiary (not wholly owned by Applicant) |
|  |  |  |
| Additional Insured 2 - Name: |       |
|  |  |  |
|  Address, City, Prov, PostCode: |       |
|  |  |
| What is the relation between the Applicant and the additional insured entity? | [ ]  Customer of Insured[ ]  Landlord | [ ]  Government Body[ ]  Lead Contractor | [ ] Lessor/finance company[ ] Joint Venture  |
|  |  |  [ ]  Subsidiary (100% wholly owned by Applicant) |  [ ] Other |
|   |   |  [ ]  Subsidiary (not wholly owned by Applicant) |
|  |  |  |
| **WILDFIRE + FLOOD** |
|  |
| Is this risk located within 25km of a current wildfire? | [ ]  No [ ]  Yes |
|  |  |
| Is the risk located in an area that is currently under flood warning? | [ ]  No [ ]  Yes |
|  |  |
| **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 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.**NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT 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.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. |
|  |  |  |  |
| **Applicant’s Signature:** |       | **Date:** |       |
| **Brokerage:** |       | **Broker ID:** |       |
| **Broker Email:** |       | **Phone:** |       |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.**