

VACANT BUILDING APPLICATION
 Submit to: submissions@uniquerisks.com

Broker Name:		Contact:	
Address:			
Policy Number (for renewal only):		Effective Date:	Broker Code:

1. Insureds Details:

Full Name of all Insureds:		Name of Principals:	
Mailing Address:			
Mortgagee(s):			
Mortgagee(s) Mailing Address:			

2. Current Policy Details:

	Expiry Date	Limit	Deductible	Premium	Insurer
Current					

3. Have there been losses or claims by the applicant in the last 5 years?

Date of Loss	Description of loss	Claim Amounts				Open or Closed
		Reserve	Paid	Expenses	Deductible	

4. Underwriting Details Location Address:

Yes No

Building type (single family, row house etc):	How long has the risk been vacant:	Has applicant ever had insurance declined or cancelled? <i>If yes, please explain in 'Add'l Comments'</i>	
Use / occupancy prior to vacancy?		Hydrant within 300 meters?	
Reason for vacancy?		Firehall within 8 Kms?	
Who is responsible for snow removal?		Is it a voluntary firehall?	
Who is responsible for maintaining the property?		Will utilities be maintained?	
If vacant more than 12 months, what's the property's current market value?		Is there a sump pump?	
Describe future plans for this property:		Is there a pool and/or hot tub on premises?	
Total amount of mortgages/encumbrances: \$		Are there more than 6 parking spots on premises? <i>How many?</i>	
Are any of your mortgages/liens/encumbrances or property tax payments outstanding?		Is this leased land?	
Yes No If "yes", the total amount: \$		Is the lot bigger than 1 acre? <i>How many acres?</i>	

5. Construction Details

Year built		Building area in sq. feet	
No of Stories		Construction	
	Type		Year Updated
Electrical			
Amperage			
Plumbing			
Heating			
Supplementary Heating			
Roof			

6. Private Protections

Yes No

Yes No

Fire Alarm	Sprinklered
Burglar Alarm	On-Site Security
Monitored	

7. Coverage

Limits Required

Deductible

Building(s)	\$	
Outbuilding(s) **	\$	
Contents	\$	
Equipment	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	

8. Current photos of the risk attached ?

Yes

No

Evaluator attached?

Yes

No

9. Is the property undergoing any renovation:

Yes

No

Details on renovation work:

10. Additional Details

^ ^ ^ ^ ^ ^ ^ ^ ^ ^

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKERAGE:	_____

BROKER:	_____

PHONE #:	_____

Email Form

Print Form