

# Rented, Owner Occupied or Vacant Dwelling



**Burns & Wilcox Canada**

# Application

1)	NAME OF APPLICANT:		
2)	MAILING ADDRESS:		
3)	RISK ADDRESS:		
4)	LOT SIZE:		
5)	NAME(S) AND ADDRESS(ES) OF MORTGAGEE(S):		
	1. _____		
	2. _____		
6)	EXISTING INSURER:	EXPIRY DATE:	POLICY #
	WILL THEY RENEW?	YES	NO
	IF NO, GIVE REASON FOR NON-RENEWAL		
	EXPIRING TERMS AND CONDITIONS (INCLUDE RATE, DEDUCTIBLE AND COVERAGES):		
7)	HAS THE INSURED BEEN CANCELLED/DECLINED INSURANCE?	YES	NO
	IF YES, PLEASE ATTACH DETAILS		
8)	HAS THE INSURED HAD ANY CLAIMS FOR THE LAST FIVE (5) YEARS?	YES	NO
	IF YES, PLEASE PROVIDE DETAILS, I.E. DATE, TYPE OF LOSS, GROSS AMOUNT PAID INCLUDING DEFENSE COST AND DEDUCTIBLES, AMOUNT OF OUTSTANDING LOSS AND STEPS TAKEN TO PREVENT RECURRENCE, ETC.).		
	_____		
	_____		
	_____		
9)	ARE YOU AWARE OF ANY INCIDENTS THAT MAY RESULT IN A CLAIM? (IF YES, PLEASE ADVISE DETAILS)	YES	NO
	_____		
	_____		

## 1. OCCUPANCY:

ARE THE PREMISES      RENTED      OWNER OCCUPIED      OR      VACANT      ?

IF VACANT, PROVIDE THE FOLLOWING DETAILS:

1. HOW LONG HAS THE PREMISES BEEN VACANT? \_\_\_\_\_ (IF MORE THAN ONE YEAR, THEN WE ARE UNABLE TO INSURE THIS RISK)
2. REASON WHY THE PREMISES IS VACANT? \_\_\_\_\_
3. HOW LONG ARE THE PREMISES EXPECTED TO REMAIN VACANT? \_\_\_\_\_

4. WHAT ARE THE FUTURE PLANS FOR THE PREMISES?
5. HOW OFTEN ARE THE PREMISES VISITED AND BY WHOM?
6. ARE THE PREMISES HEATED? YES NO
7. IS WATER TURNED OFF? YES NO
8. IS GAS (OTHER THAN GAS USED FOR HEATING) TURNED YES NO
9. OFF? IS ROUTINE MAINTENANCE PERFORMED YES NO
- (IF YES BY WHOM)

## 2. BUILDING CONSTRUCTION:

WALLS		NO. OF STORIES		YEAR BUILT	
FLOOR		AREA		BASEMENT	FULL OR PARTIAL
ROOF		YEAR UPDATED*			% COMPLETED
WIRING		YEAR UPDATED*			% COMPLETED
HEATING		YEAR UPDATED*			% COMPLETED
PLUMBING		YEAR UPDATED*			% COMPLETED
EXPOSURE:	<u>NORTH</u>	<u>South</u>	<u>EAST</u>	<u>WEST</u>	

\*IF HEATED WITH SOLID FUEL, ATTACHED SOLID FUEL HEATING QUESTIONNAIRE MUST BE COMPLETED.

\*IF UPDATED, PLEASE ADVISE TOTAL DOLLAR AMOUNT OF UPDATES. \$ \_\_\_\_\_

## 3. FIRE ALARM / DETECTORS

SPRINKLERS_____%	NO	YES	LOCAL ALARM	MONITORED	WET OR DRY
SMOKE /HEAT	NO	YES	LOCAL ALARM	MONITORED	OTHER (SPECIFY)
PULL BOX	NO	YES	LOCAL ALARM	MONITORED	OTHER (SPECIFY)
HYDRANT(S)	WITHIN 75M		WITHIN 150M	OVER 150M	OTHER (SPECIFY)
FIRE DEPARTMENT	WITHIN 3KM		WITHIN 5KM	WITHIN 10KM	OVER 10KM
FIRE DEPARTMENT	PAID		VOLUNTEER	PART PAID PART VOLUNTEER	
PORTABLE EXTINGUISHERS (SPECIFY)					

## 4. BURGLARY ALARM SYSTEM(S)

INTERIOR (INFRARED OR MOTION)	NO	YES	LOCAL ALARM	MONITORED	OTHER (SPECIFY)
PERIMETER (CONTACTS ON DOORS AND WINDOWS)	NO	YES	LOCAL ALARM	MONITORED	OTHER (SPECIFY)
BARS ON WINDOWS:	NO	YES	DEADBOLT ON DOORS	NO	YES
PERIMETER LIGHTING	NO	YES	3RD PARTY SECURITY	NO	YES
					OTHER (SPECIFY)

## 5. LIABILITY

1. IF VACANT, IS ACCESS TO PREMISES RESTRICTED? YES NO

IF YES, HOW? \_\_\_\_\_

2. ARE PREMISES FENCED? YES NO
3. DOES THE PREMISES HAVE A POOL? YES NO
- IF YES, IS THE POOL ADEQUATELY SECURED WHILE THE PREMISES ARE VACANT? YES NO
4. IF VACANT, IN WHAT TYPE OF NEIGHBORHOOD IS IT LOCATED?
- RESIDENTIAL INDUSTRIAL URBAN RURAL

COVERAGES REQUIRED			
COVERAGE		LIMITS	PREMIUM
BUILDING	ACV R.C.		
CONTENTS			
RENTAL INCOME			
OTHER (SPECIFY)			

INCLUDING OR EXCLUDING: FLOOD? \_\_\_\_\_ EARTHQUAKE? \_\_\_\_\_ SEWER BACKUP? \_\_\_\_\_  
 COVERAGE BASIS: NAMED PERILS \_\_\_\_\_ OR ALL RISKS \_\_\_\_\_

**LIABILITY**

C.G.L.			
TENANTS LEGAL LIABILITY			
OTHER (SPECIFY)			

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.**

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 SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

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 PRINT NAME AND TITLE

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 DATE

**QUESTIONS TO BE ANSWERED BY BROKER**

1. DO YOU KNOW THE APPLICANT PERSONALLY? \_\_\_\_\_  
IF YES, FOR HOW LONG? \_\_\_\_\_
2. DID YOU RECEIVE THE ORDER DIRECT FROM THE APPLICANT?  
IF NO, FROM WHOM AND WHY? \_\_\_\_\_
3. DO YOU HANDLE OTHER INSURANCE FOR APPLICANT? \_\_\_\_\_
4. DO YOU RECOMMEND THIS RISK IN EVERY RESPECT? \_\_\_\_\_
5. IS THIS RISK A RENEWAL TO YOUR OFFICE?            YES            NO  
IF YES, HOW LONG HAVE YOU PLACED INSURANCE ON THIS RISK? \_\_\_\_\_

DATE: \_\_\_\_\_

BROKER'S SIGNATURE: \_\_\_\_\_