

1. Broker Information

Brokerage: Broker ID:

Broker Address: City: Province: Postal Code:

Broker Contact: Broker Email:

2. Applicant Information

Full Name of all Insureds:

Names of Principals:

Mailing Address: City: Province: Postal Code:

Risk Location: City: Province: Postal Code:

3. Risk Information

Size of land parcel (acreage): Zoning:

How often is the property being checked?

4. Additional Information	Yes	No	Comments
Is the property secured in any way – e.g. fencing, gates, etc.?			
Is this leased land?			
Is the land used for any farming? <i>*Only farming done by third-party is accepted. Owner must be named as additional insured on third-party policy and obtain certificate.</i>			
Are any markets held on the property, or will property be used for car parking? <i>*If 'yes', please provide details.</i>			
Are there any hazards (water) or attractive nuisances? (i.e. rivers, ponds, lakes, streams, wells, dams, railroads, private roads, pits, quarries, machinery, open mines, playground equipment, construction on debris, etc.) <i>*If 'yes', please provide details.</i>			
Is the property used for the purposes of horse riding, hiking, hunting, fishing, motor sports, skiing, snowmobiling or other sporting activities? <i>*If 'yes', please provide details.</i>			
Have there been, or are there presently, issues with squatters, trespassers, vagrants or vandals? <i>*If 'yes', please provide details.</i>			

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. 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.

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we 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.

Full Name(s): **Signature(s) of All Named Insureds (only required if binding)** **Date:**