

Office Package Application

The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.**

1. Broker Information

Brokerage: Broker ID:

Broker Address: City: Province: Postal Code:

Broker Contact: Broker Email:

2. Applicant Information

Name Insureds(s): Principal(s):

Mailing Address: City: Province: Postal Code:

Risk Location: City: Province: Postal Code:

Effective Date: Policy Term: **[12-Month Term]** Other Policies with ODIS:

Prior Insurance & Expiry Date: If no prior insurance, please provide reason:

3. Risk Information

Fully describe the nature of your business activities:

Does the Applicant(s) have any operations other than office use at this premises? Yes No *If yes, select operation:

Residential Condo	Warehouse/ Distribution	Storage	Vacant Land	Manufacturing
Residential Home	Vacant building/ unit	Retail	Farm agriculture	Healthcare facility
Other:				

Revenue of current Year: Estimate for Next Financial Year:

Total number of persons working at this risk location:

Any visitors? Less than 12 visitors per day More than 12 visitors per day None

4. The United States Exposure Does the Applicant(s) perform any work in the U.S.? Yes No

Does the Applicant have a location in the U.S.? Yes No ***If 'yes' Is the location in the U.S. insured elsewhere?** Yes No

Describe the nature of the work performed in the U.S.:

5. Building Information

Year Built: Number of Stories:

Total office area (square footage):

Type of Building (detached, duplex, townhouse, high-rise etc):

Type of Construction (wood frame, fire resistive, masonry etc):

7. Fire Protection

	Yes	No
Hydrant within 300 meters?		
Firehall within 8 Kms?		
Is it a voluntary firehall?		

8. Additional Information

Is the risk located in an active flood zone? <i>*If 'yes', we'd decline.</i>		
Is the risk located within 50 kms of an active fire zone? <i>*If 'yes', we'd decline.</i>		

6. Building Updates	Type	Year Updated
Electrical		
Amperage		
Heating		
Plumbing		
Roof		

9. Additional Insured Information

Name: _____
 Address: _____ City: _____ Province: _____ Postal Code: _____

10. Insurance Loss & History

Has insurance ever been cancelled or refused for this property? Yes No

If 'yes', please explain:

Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years? Yes No

If 'yes', please provide details in below:

Date of Loss	Claim Closed?	Type of Loss	Amount Paid	Preventative Measures in Place?
	Yes No			
	Yes No			

11. Coverage Information

Property Coverages	Limits Required	Deductible
Business Personal Property <i>*(Office Contents and Tenants Improvements)</i>		
Stock / Inventory		
Business Interruption		
Sewer Backup		
Crime		
Equipment Breakdown		
Flood		
Earthquake <i>(Excluding BC)</i>		
Liability Coverages		
Commercial General <i>*(Excluding products and completed operations)</i>		
Commercial General Aggregate		
Tenant's Legal Liability		
Non-Owned Automobile		
Any Specific coverages required?		

12. Additional Comments

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:** _____