

Commercial Building Owner 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

Full Name of all Insureds: _____ 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

Year Built: _____ Number of Stories: _____

Total Square Footage (incl. basement if finished): _____

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

Type of Construction (wood frame, fire resistive, masonry, *sandwich panel etc): _____

Total # of Units (separate entrance): _____ Total # of Tenants: _____

Occupancies: _____

Type of tenant: _____

100% Rented to others _____ 100% Owner Occupied _____

Strata title/ Condo corp _____ Mixed - Owner occupied and rental _____

6. Additional Information

	Yes	No
Is there an annual lease in place?		
Will the named insured be added as additional insured on tenant's liability policy?		
Does the applicant live within 150 Kms of the risk?		
Is the lot bigger than 1 acre? <i>*If 'yes', how many acres?</i>		
Is this leased land?		
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>		
Does the building have a heritage designation? <i>*NOTE: Only exterior of façade designations are accepted.</i>		
Any renovations currently underway or considered in the next 12 months? <i>*If 'yes', please explain in below.</i>		

4. Building Updates

	Type	Year Updated
Electrical		
Amperage		
Heating		
Supplementary Heating		
Plumbing		
Roof		

5. Fire Protection

	Yes	No
Hydrant within 300 meters?		
Fire department within 8 kms?		
Is it a volunteer fire department?		

Who is responsible for regular checks on the property?

Who is responsible for snow removal?

Does the tenant have a separate agreement, or a hired contractor in place for snow removal?

7. Loss Payee(s) Information

Mortgagee(s):

Mortgagee(s) Address:

City:

Province:

Postal Code:

8. 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			

9. Coverage Information

Limits Required

Deductible

Building(s)

Outbuilding(s)

Contents *(Excluding personal contents)*

Rental Income

Sewer Back Up

Liability (CGL)

Equipment Breakdown

Yes

No

Flood

Yes

No

Earthquake *(Excluding BC)*

Yes

No

Any specific coverage required?

10. 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: