



LIONS GATE UNDERWRITING

VACANT BUILDING APPLICATION

I. General Information

Named Insured (Full Legal Name and/or DBA name): _____

Form of Business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Trust ☐ Other: _____

Mailing Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

How long has the property been vacant?: _____

What is the intended future occupancy of the building? (If unknown provide the previous occupancy): _____

Have there been any property of liability losses in the past three years? Yes ☐ No ☐

If 'yes', please provide the following information, additional information may be submitted on a separate sheet:

COVERAGE TYPE	DATE OF LOSS	DESCRIPTION OF LOSS	PAID	RESERVE	STATUS
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

II. Underwriting Information

Are there any renovations planned during the policy term? ☐ Yes ☐ No

What is the total cost of the renovation? \$ _____

Are the planned renovations structural (load bearing)? ☐ Yes ☐ No

Add liability coverage for the renovations? ☐ Yes ☐ No

Will subcontractors be hired to completed the renovations? ☐ Yes ☐ No

If hiring subcontractors, are certificate of insurance required for all subcontractors naming the applicant as an additional insured? ☐ Yes ☐ No

Estimated start date:

Estimated completion date:

Risk Address:

Year Built:

Number of Storeys:

Construction: ☐ Wood ☐ Non-Combustible
☐ Other (describe): _____

Square Footage:

Roof: ☐ Wood ☐ Non-Combustible
☐ Other (describe): _____
Year of Update: _____ ☐ Full ☐ Partial

Electrical System: ☐ Circuit Breaker ☐ Fuse
☐ Aluminum Wiring ☐ Other (describe): _____
☐ Copper
☐ 60 Amps ☐ 100 Amps ☐ Amps
Year of Update: _____ ☐ Full ☐ Partial

Plumbing System: ☐ Copper ☐ Galvanised
☐ Plastic (PVC or CVS)
☐ Kitec ☐ Poly-B
Year of Update: _____ ☐ Full ☐ Partial
Age of Hot Water Heater: _____

Heating: ☐ Gas ☐ Electric ☐ Oil ☐ Wood
☐ Other (describe): _____
Primary Heat: _____
Year of Update: _____ ☐ Full ☐ Partial

Property Management in Place? ☐ Yes ☐ No

How often is Property Inspected ☐ Monthly ☐ 3-4 times/year
☐ Semi-Annually ☐ Annually

IV. Coverage Limit

	LOCATION 1	LOCATION 2
Building:	\$	\$
Detached Structure:	\$	\$
Contents:	\$	\$
Premises Liability:	<input type="checkbox"/> \$ 2 million <input type="checkbox"/> \$ 5 million	<input type="checkbox"/> \$ 2 million <input type="checkbox"/> \$ 5 million

Additional Interests:

Name: _____

Interest: _____

Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

IV. Eligibility Criteria

General Eligibility

Are there any past, pending, or planned foreclosures and/or bankruptcies or judgements for unpaid taxes against the named insurance or any officer, partner, member, or owner, individually within the past 5 years? Yes ☐ No ☐

Has insurance coverage been cancelled or non-renewed in the past three years? Yes ☐ No ☐

Is the building currently damaged by fire or otherwise? Yes ☐ No ☐

Is the building locked and secured from unauthorized entry? Yes ☐ No ☐

Property Eligibility

Has any tenant been evicted in the past 60 days or is any tenant in the process of being evicted? Yes ☐ No ☐

Is the structure a mobile home? Yes ☐ No ☐

Is the building scheduled for demolition in the policy terms or in the future
(except incidental non-load bearing interior work) Yes ☐ No ☐

General Liability Eligibility

Is the building located on an active farm? Yes ☐ No ☐

Is there a swimming pool on premises? Yes ☐ No ☐

Is the building being inspected by the Insured or an Agent of the Insured? Yes ☐ No ☐

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i. To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii. That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____

(Principal, Partner or Officer)

Print Name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Broker Signature: _____ Date: _____