

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:

Names of Principals:

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

Size of land parcel (acreage):Zoning:

Please advise intended use of this land, and the expected time frame:

How often is the property being checked?

•••••YesNo

*\*if yes, photos are required*

Openings Covered/boarded?

YesNo

†•••••

Square footage of buildings on the premises:``

‡•••••

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>			

5. Loss Payee(s) Information

Mortgagee(s):

Mortgagee(s) Address: City: Province: Postal Code:

6. 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			

7. Coverage Information

	Limits Required	Deductible
Commercial General		
Commercial General Aggregate		
Any specific coverage requested?		

8. 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: