

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:

Mailing Address:

City:

Province:

Postal Code:

Risk Location:

City:

Province:

Postal Code:

Effective Date:

Policy 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:

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

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

How many months has the risk been vacant:

Reason for vacancy:

Use/Occupancy prior to vacancy:

Describe future plan for this property:

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?		

6. Additional Information

	Yes	No
Is Condo Corporation registered?		
If yes, provide Condo Corp deductible amount:		
Does the applicant live within 150 Kms of the risk?		
Will utilities be maintained?		
Is there a sump pump?		
Is this leased land?		
Is there a pool or/and hot tub on the premises?		
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>		
Are there any renovations currently underway or contemplated in the next 12 months? <i>*If 'yes', please explain in below 'comments'.</i>		
Who is responsible for regular checks on the property (incl. snow removal) ?		
if vacant more than 12 months, what's the current market value:		

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
Contents <i>(minimum limit \$10,000)</i>		
Improvement & Betterment <i>(minimum limit \$25,000)</i>		
Loss Assessment		
Unit Owners Contingent Coverage		
Rental Income		
Sewer Back Up		
Liability (CGL)		
Any specific coverages requested?		

***Review condo corporation by-laws to see what the unit owner is responsible to cover under Improvements/Betterments*

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: