

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:

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

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

Total # of units: Total # of tenants:

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 (incl. snow removal) ?

If tenant responsible for snow removal or is there a separate agreement in place?

What is the screening process for tenants?

6. Additional Information

	Yes	No
Is the Condo Corporation registered?		
If yes, provide Condo Corp deductible amount:		
Is there an annual lease in place?		
Does the insured own the condo unit?		
Is this risk occupied by owner?		
Do any unit(s) have more than 2 people per bedroom? <i>*If 'yes' please explain in 'additional comments'.</i>		
Does the applicant live within 150 Kms of the risk?		
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 'additional comments'.</i>		

7. Student Condo Specific (if applicable):

Do local by-laws require student housing to be licensed? <i>*If 'yes', permits required for binding.</i>		
--	--	--

8. Short-Term Rented Condo Specific (if applicable):

Is the risk visited a once every 7 days?		
Do local by-laws require seasonal/short-term rentals to be licensed? <i>*If 'yes', permits required for binding.</i>		
Will the premises be occupied less than 6 months per year? (included occupy by the insured)		
Is the use of watercraft or recreation equipment included with rental? <i>*Only un-motorizeds are accepted.</i>		

9. Loss Payee(s) Information

Mortgagee(s) :
Mortgagee(s) 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	Limits Required	Deductible
Contents (minimum limit \$10,000)		
Improvement & Betterment (minimum limit \$25,000)		
Loss Assessment		
Unit Owners Contingent Coverage		
Rental Income		
Sewer Back Up		
Liability (CGL)		
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: