ODIS Underwriting Inc.

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Rented Condo Unit Application



www.odisunderwriting.com

07/2024

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: If no prior insurance, Prior Insurance & Expiry Date: please provide reason: 6. Additional Information Yes 3. Risk Information No Year Built: Number of Stories: Is the Condo Corporation registered? If yes, provide Condo Corp deductible amount: **Total Square Footage:** Is there an annual lease in place? Type of Building (detached, duplex, townhouse, high-rise etc): Does the insured own the condo unit? Type of Construction (wood frame, fire resistive, masonry etc): Is this risk occupied by owner? Do any unit(s) have more than 2 people per bedroom? Total # of units: Total # of tenants: *If 'yes' please explain in 'additional comments'. 4. Building Updates Year Updated Does the applicant live within 150 Kms of the risk? Type Electrical Is there a pool or/and hot tub on the premises? Amperage Is the risk located in an active flood zone? Heating *If 'yes', we'd decline. Is the risk located within 50 kms of an active fire Supplementary Heating zone? *If 'yes', we'd decline. Plumbing Are there any renovations currently underway or Roof contemplated in the next 12 months? *If 'yes', please explain in 'additional comments'. 5. Fire Protection Yes No 7. Student Condo Specific (if applicable): Hydrant within 300 meters? Do local by-laws require student housing to be Fire department within 8 kms? licensed? *If 'yes', permits required for binding. 8. Short-Term Rented Condo Specific (if applicable): Is it a volunteer fire department? Is the risk visited a once every 7 days? Who is responsible for regular checks on the property? Do local by-laws require seasonal/short-term Who is responsible for snow removal? rentals to be licensed? *If 'yes', permits required for binding. Will the premises be occupied less than 6 months Does the tenant have a separate agreement, or a hired contractor in per year? (included occupy by the insured)

Is the use of watercraft or recretion equipment

included with rental? *Only un-motorizeds are accepted.

place for snow removal?

What is the screening process for tenants?

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 Los	s Claim Cl	osed?	Type of Loss	Amount Paid	Preventative Measures in Place?
	Yes	No			
	Yes	No			

11. Coverage Information	Limits Required	Deductible
Contents (minimum limit \$10,000)		
Improvements & Betterments (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: