



**RENTED, OWNER OCCUPIED OR VACANT DWELLING APPLICATION**

Broker \_\_\_\_\_ DATE: 

D	D	M	M	Y	Y
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Attn \_\_\_\_\_ AMF Broker Number \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Name(s) of Principal(s) \_\_\_\_\_

Contact Name (for inspections) \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Risk Address \_\_\_\_\_

Existing Insurer \_\_\_\_\_ Expiry Date 

D	D	M	M	Y	Y
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 Policy Number \_\_\_\_\_

Will they Renew?  Yes  No \_\_\_\_\_  
 If No, give reason for non-renewal \_\_\_\_\_

Expiring Premium \_\_\_\_\_ Limits \_\_\_\_\_ Deductible \_\_\_\_\_

Terms and Conditions:  
 \_\_\_\_\_  
 \_\_\_\_\_

If additional space is needed to answer any questions, please use the blank page included with this form on page 4.

Has the Applicant been Cancelled/Declined Insurance?  Yes  No

If Yes, please attach details \_\_\_\_\_

Has the Applicant had any losses/claims for the last five (5) Years?  Yes  No

If Yes, please provide details, i.e. date, type of loss/claim, gross amount paid including defense costs and deductibles, amount of outstanding loss and steps taken to prevent reoccurrence?

\_\_\_\_\_

Are you aware of any incidents that may result in a claim?  Yes  No

If Yes, please advise the details:  
 \_\_\_\_\_

**Occupancy**

Are the premises:  Rented  Owner Occupied  Vacant

**Building Construction**

Walls (Type of Construction) _____	Number of Stories _____	Year Built _____	
Floor (Type of Construction) _____	Area _____	<input type="checkbox"/> FT <sup>2</sup> <input type="checkbox"/> M <sup>2</sup>	Basement _____
Roof (Type of Construction) _____	Year Updated _____	% Completed _____	
Wiring (Type) _____	Year Updated _____	% Completed _____	
Heating (Type) _____	Year Updated _____	% Completed _____	
Plumbing (Type) _____	Year Updated _____	% Completed _____	



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**Building Construction( continued)**

Surrounding Exposure \_\_\_\_\_  
 North \_\_\_\_\_ South \_\_\_\_\_  
 East \_\_\_\_\_ West \_\_\_\_\_

**If vacant, provide the following details:**

How long have the premises been vacant? \_\_\_\_\_  
 Reason why the premises is vacant? \_\_\_\_\_  
 How long are the premises expected to remain vacant? \_\_\_\_\_  
 What are the future plans for the premises? \_\_\_\_\_  
 How often are the premises visited and by whom? \_\_\_\_\_  
 Are the premises heated?  Yes  No  
 Is the water turn off?  Yes  No  
 Is the heating turned off?  Yes  No  
 Is routine maintenance performed?  Yes  No \_\_\_\_\_  
 If yes, by whom

**Name(s) and Address(es) of Mortgagee(s)**

Mortgagee 1 \_\_\_\_\_  
 Mortgagee 2 \_\_\_\_\_

**Fire Alarm/Detectors**

**Sprinklers** \_\_\_\_\_ %  Monitored  Local  None      **Smoke/Heat**  Monitored  Local  None  
**Pull Box**  Yes  No \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
**Hydrant(s)**  Within 75m  Within 150m  Over 150m \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
**Fire Department (Distance)**  Within 3km  Within 5km  Within 10km  Over 10km \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
**Fire Department (Type)**  Paid  Volunteer  Part Paid / Part Volunteer

**Portable Extinguishers** \_\_\_\_\_  
 Specify \_\_\_\_\_

**Burglary Alarm System(s)**

**Interior** (Infrared or Motion)  Yes  No  Central Station  Monitored  Local  
**Perimeter** (Contacts on Doors and Windows)  Yes  No  Central Station  Monitored  Local  
**Other Measures**  Bars on Windows  Deadbolt on Doors  Perimeter Lighting  3<sup>rd</sup> Party Security  Guard Dog  \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
**Make of Alarm:** \_\_\_\_\_  
**Monitoring Company:** \_\_\_\_\_



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**Liability**

If vacant, is access to premises restricted  Yes  No

If yes, how? \_\_\_\_\_

Are premises fenced?  Yes  No

Does the premises have a pool?  Yes  No

If yes, is the pool adequately secured while the premises is vacant  Yes  No

If vacant, in what type of neighborhood is it located?  Residential  Industrial  Urban  Rural

**STATE COVERAGES REQUIRED**

<u>Coverage</u>	<u>Limit</u>	<u>Rate</u>	<u>Premium</u>
Building			
Contents			
Rental Income			

**Coverage Basis:** Named Perils  
 Actual Cash Value  
 Excluding Flood, Earthquake and Sewer Backup

**State Limit of Liability Required: \$** \_\_\_\_\_  
 Each Occurrence

**COVERAGE SUBJECT TO THE FOLLOWING ENDORSEMENTS AND WARRANTIES:  
 (additional conditions may also be applied upon underwriting review)**

**TENANTS RESTRICTION ENDORSEMENT - applicable to rented dwellings**

It is hereby understood and agreed that, notwithstanding any other condition on the wording of the Policy, there is no coverage against the perils of riot, vandalism or malicious acts where the cause of the loss is as a result of acts or omissions of the tenants of the property or the tenants' guests. Except as otherwise provided in this endorsement all terms, provisions and conditions of the policy shall have full force and effect.

**RIOTS, VANDALISM AND MALICIOUS ACTS - EXCLUSION ENDORSEMENT - applicable to vacant dwellings**

It is hereby understood and agreed that any damage resulting from riot, vandalism or malicious acts of the described premises is excluded from this Policy. It is also understood and agreed that this exclusion does not apply to loss or damage which results from ensuing fire, explosion or leakage from fire protection equipment. Except as otherwise provided in this endorsement all limits, terms, conditions, provisions, definitions and exclusions shall have full force and effect.

**LIMITATION OF COVERAGE TO DESIGNATED PREMISES  
 Attached to and forming part of The Commercial General Liability Form**

This insurance applies only to "bodily injury", "property damage", "personal injury", and medical expenses arising out of the ownership, maintenance or use of the premises and operations necessary or incidental to those premises described on the "Coverage Summary" in respect to this Form.

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**AM Fredericks Underwriting Management Ltd.**

201-339 Westney Rd. S., Ajax Ontario L1S 7J6

Office: 905-428-1269 Fax: 905-428-3977

[www.amfredericks.com](http://www.amfredericks.com)



**Additional Information related to Application**

*(Extra Risk Locations, Mortgagees, etc.)*

A large, empty rectangular box with rounded corners, intended for providing additional information related to the application.



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Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered where:

**1. An applicant for a contract:**

- a) gives false or erroneous information to the prejudice of the Insurer, or
- b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or

**2. The Insured contravenes a term of the Contract or commits a fraud; or**

**3. The Insured willfully makes a false statement in respect of a claim under the Contract.**

**Policy Language Request: (applicable to Quebec applicants only):**

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

**Language de la police d'assurance (pour les résidents du Quebec seulement):**

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

**Our Privacy Policy and Commitment to Protecting Your Privacy**

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

**How We Use and Disclose Your Information**

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

**What We Will NOT Do With Your Information**

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

**We Strive to Protect Your Personal Information**

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

**Your Privacy Choices**

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

**If You Need More Information**

For more information about our privacy policies and procedures, please contact our Privacy Officer, at A.M. Fredericks Underwriting Management Ltd. 201-339 Westney Rd. S. Ajax, Ontario L1S 7J6 Tel: 905-428-1269 Ext 109 Fax: 905-428-3977

Our Insurers privacy contacts can be found at:

<http://www.amfredericks.com/privacy.php>

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: 

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Broker Survey

(Questions to be answered by the Broker)

1. Do you know the Applicant Personally?  Yes  No

\_\_\_\_\_   
If Yes, for how long?

2. Did you receive the order direct from the Applicant?  Yes  No

\_\_\_\_\_   
If No, from whom and why?

3. Do you handle other Insurance for the Applicant?  Yes  No

\_\_\_\_\_   
If Yes, which coverages.

4. Do you recommend this risk in every respect?  Yes  No

\_\_\_\_\_   
If No, please explain

5. Is this risk a renewal to your Office?  Yes  No

\_\_\_\_\_   
If Yes, how long have you placed the risk?

6. Are you licensed broker in the province wher the risk is located?  Yes  No

DATE: 

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Broker's Signature \_\_\_\_\_