



**GROUPONE INSURANCE SERVICES**

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**www.grouponeis.com**

**VACANT OR UNOCCUPIED APPLICATION  
 (Current Photos of Front & Back Must Be Provided)**

**BROKERAGE:**

Broker contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**INSURED:**

Full Legal Name of Applicant: \_\_\_\_\_  
 Operating Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Risk Location: \_\_\_\_\_  
 Principal Owner(s): \_\_\_\_\_

Has the applicant been convicted of the crimes of arson or insurance fraud in the past 10 years? Yes No

Insured is: Owner Since when \_\_\_\_\_ Tenant Landlord's Name : \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Is the landlord to be added as an additional Insured on binding? Yes No

Loss Payee / Mortgagee / Additional Insured (include address below):

1. \_\_\_\_\_
2. \_\_\_\_\_

**INSURANCE EXPERIENCE:** New Business Renewal

Existing Insurer: \_\_\_\_\_ Target Premium Required: \_\_\_\_\_

Renewal Offered: Yes No If not, why? \_\_\_\_\_

Have you had any insurance refused or cancelled within the past 5 years? Yes No

If yes, explain: \_\_\_\_\_

Have there been any crime (including vandalism) committed or attempted at the property in the past 3 years? Yes No

If yes, explain: \_\_\_\_\_

**LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:**

Date of Loss	Details of Loss	Amount Paid/Reserve	Open/Closed

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?

**COVERAGE REQUESTED**

**Section 1 – Property**

**Section 2 – Commercial General Liability**

**SECTION 1 - PROPERTY**

Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Year Purchased: \_\_\_\_\_  
Total Area: \_\_\_\_\_ sq ft Area Occupied By Insured : \_\_\_\_\_ sq ft Occupies Basement? Yes No

General condition of the building to be insured: New Good Fair Poor

Structure Type: Detached Semi-Detached Townhouse Rowhouse Duplex Triplex  
Multiplex Other: \_\_\_\_\_

Walls: Frame Brick Veneer Masonry HBC Non-Combustible  
Stucco Alum. Siding Fire Resistive Others: \_\_\_\_\_

Floor: Concrete Wood Joist Wood Others: \_\_\_\_\_

Roof: Wood Joist Steel Deck Concrete Patent Others: \_\_\_\_\_

Heating: Natural Gas Electric Combination Furnace Wood Stove Others: \_\_\_\_\_  
Oil Tank (Inside Outside Above ground In ground)

Has oil tank been inspected by oil company? Yes No When: \_\_\_\_\_

Wood Heat Stove – ULC or CSA Approved: Yes No

Professionally installed: Yes No

*\*Please provide copy of wood heat questionnaire for our reference\**

Electrical: Circuit Breakers Fuses Knob and Tube MPS: \_\_\_\_\_

Plumbing: Copper Plastic Galvanized Other: \_\_\_\_\_

Sump Pump: Yes No Age: \_\_\_\_\_ Monitored by Alarm: \_\_\_\_\_

Is there existing damage to the building? Yes No

If yes, explain: \_\_\_\_\_

Year Updated: Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_

Burglary Protection: Local Monitored None

Fire Protection: Fire hydrant within 300 metres/1000 feet Fire Hall within 8km Unprotected  
Paid Volunteer Distance to Responding Fire Department: \_\_\_\_\_

Sprinklers: Yes \_\_\_\_\_ % No Smoke Detectors: Yes No

**Note: If more than one building/location, please provide separate schedule.**

**SECTION 2 – COMMERCIAL GENERAL LIABILITY**

Is the Property:

Vacant (no furnishings/entirely empty)       Unoccupied (furnished)       Vacant/unoccupied under renovations

1. Has this risk ever been vacant or unoccupied before?       Yes     No

How long: \_\_\_\_\_

2. Are there any uncorrected Fire Code violations at the risk?       Yes     No

If yes, describe: \_\_\_\_\_

3. Is the vacancy likely to occur seasonally?       Yes     No

4. Are there any flammable, explosive or hazardous substances at the risk?       Yes     No

If yes, describe: \_\_\_\_\_

5. Are the adjacent buildings vacant or unoccupied?       Yes     No

6. Is the property being maintained in a saleable condition at all times?       Yes     No

7. Has the electricity been disconnected?       Yes     No

8. Has the water and heating system been disconnected?       Yes     No

9. Has the hot water tank been drained?       Yes     No

10. Have any public utilities been left in service?       Yes     No

11. Is all rubbish removed from the dwelling/building and premises?       Yes     No

12. Is the grass cut and all bushes cleared from around the building?       Yes     No

13. Are the walkways cleared in the winter?       Yes     No

14. Vacant Land?       Yes     No      # of Acres \_\_\_\_\_

15. Are there curtains or shades on the windows?       Yes     No

16. Are all doors and windows securely closed and locked?       Yes     No

17. Swimming Pool on premises?       Yes     No      Fully Fenced:  Yes     No

18. Is the property for sale?       Yes     No

19. Is the risk in receivership?       Yes     No

20. Is the Insured financially sound?       Yes     No

21. Why is this risk currently vacant or unoccupied? \_\_\_\_\_

22. Are any renovations being performed on the building?       Yes     No

If yes, provide details: \_\_\_\_\_

23. How long is this property expected to remain vacant/unoccupied? \_\_\_\_\_

24. How far is the building from the nearest occupied building? \_\_\_\_\_

25. Is the property easily viewed from the road? \_\_\_\_\_

26. Does a responsible individual or property manager provide personal visits to the premises every 3 days?       Yes     No

Please explain: \_\_\_\_\_

Type of Inspection:       Internal       External       Other

If other, explain: \_\_\_\_\_

Have the broker visited the Property, and if so, would the broker recommend this risk? Yes No

Housekeeping: Excellent Good Fair Poor

Physical Condition: Excellent Good Fair Poor

Construction, Occupancy, Square Footage and Value of Each, if more than one outbuilding is being insured:

**LIMITS OF INSURANCE**

Coverage:- <input type="checkbox"/> Broad Form <input type="checkbox"/> Named Perils	Deductible	Co-Ins	Limit of Insurance
Building(s) <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Owners Household Furniture & Appliance <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Detached Structures <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Liability – Occurrence Form <input type="checkbox"/> CGL <input type="checkbox"/> OLT		-	\$
Other Coverage			

**BROKER DECLARATION**

Is this account NEW to your office? Yes No If no, how long have you known the applicant? \_\_\_\_\_

Is the applicant financially sound? Yes No Have you personally seen this property? Yes No

Do you recommend this applicant? Yes No Is the property for sale? Yes No

Comments: \_\_\_\_\_

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Broker/Producer & Brokerage: \_\_\_\_\_

**DISCLAIMER**

Consumer and previous insurer reports containing personal, credit, factual, or investigate 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 of insurance.

The policy may be deemed to be void and claims may be denied where:

- 1. An applicant for a contract:
  - a) Provides 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.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_