



GROUPONE INSURANCE SERVICES

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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: _____