



PROPERTY QUESTIONNAIRE

NAME OF INSURED	
MAILING ADDRESS	

A. LOCATION

	LOCATION # _____	LOCATION # _____	LOCATION # _____
CONTROL ON PREMISES (owner, tenant, manager)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS			
YEAR OF CONSTRUCTION			
Updates	Please fill in section E	Please fill in section E	Please fill in section E
TOTAL AREA			
SQ. FT. BY INSURED			
OCCUPANCY BY OTHERS			
Nº. OF STOREYS			
ELEVATORS (number)			
PARKING SPACES	In _____ Out _____	In _____ Out _____	In _____ Out _____
POOL / SAUNE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Non	<input type="checkbox"/> Yes <input type="checkbox"/> Non
TYPE OF HEATING			
CENTRAL AIR CONDITIONING	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
VACANT OR UNOCCUPIED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. CONSTRUCTION (materials used)

WALLS			
FLOOR			
ROOF			

C. PROTECTION

SPRINKLERS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connected to central	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EXTINGUISHERS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many per floor						
BURGLAR ALARM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connected to central	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ULC approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FIRE ALARM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connected to central	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ULC approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HEAT DETECTORS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMOKE DETECTORS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. INSURABLE VALUES

BUILDING	\$	\$	\$
Basis of valuation (i.e. replacement cost or depreciated value)			

RENTAL INCOME (____ mos. indemnity)	\$	\$	\$
GROSS PROFITS (see attached form)	\$	\$	\$

• Contents (if any)

STOCK	\$	\$	\$
EQUIPMENT	\$	\$	\$
OFFICE CONTENT	\$	\$	\$

E. UPDATES

	LAST UPGRADED	LAST UPGRADED	LAST UPGRADED
ROOF			
HEATING			
PLUMBING			
ELECTRICAL PANELS			
WIRING TYPE			
NOTES/COMMENTS			

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all information submitted to or requested by the Insurer in conjunction with this Application is hereby incorporated by reference into this Application and made a part thereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all information submitted to or requested by the Insurer in conjunction with this Application is the basis of and is deemed attached and incorporated into any policy effected pursuant to this Application. Applicant's acceptance of company quotation is required prior to binding coverage and policy issuance.

Material Change Disclosure and False Information

In addition to providing all basic information necessary to enable us to place the risk and/or completing this Application, you must ensure that you are complying with your legal duty to disclose all changes relevant to the risk, including any change occurring after completion of this Application and throughout the policy term, which might affect the Insurer's decisions as to coverage and premium. Please be aware that if you do not disclose all such information, Insurers may have the right to void the policy in its entirety from its inception, or sections thereof, which may lead to claims not being covered.

Please ensure that all information provided is accurate and complete, as it relates to the risk, whether favourable or not. Any person who files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company commits a fraudulent act.

I have read and understood the above

Applicant's initials

Declaration and signature

The applicant certifies that the statements, facts and data provided in this application form are accurate and complete in representing the nature of the risk and that no information has been withheld or misstated.

Date: _____ Title: _____

Name: _____ Signature: _____