**APPLICANT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of applicant: |  | | | | |
|  |  | | | | |
| Mailing address: |  | | | | |
|  | *Civic number, street* |  |  |  |  |
|  | *City* |  | *Prov.* |  | *Postal code* |

**SUPPLEMENTAL QUESTIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risk address: | | Same as mailing address | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | | *Civic number, street* | | | | | | | |  | |  | |  | |  | |
|  | | *City* | | | | | | | |  | | *Prov.* | |  | | *Postal code* | |
| Creditor(s): | |  | | | | | | | | | | | | | | | |
| The property is: | | Vacant  (building 50% empty, without furnishing(s)) | | | | | |  | Inoccupied  (furnished building, closed, without occupant(s)) | | | | | | | | |
| Has the property ever been vacant or unoccupied? | | | | | | | | | | | | | Yes  No | | | | |
| How long has the property been vacant or unoccupied? | | | | | | | | | | |  | | | | | | months |
| How long will the property be vacant or unoccupied? | | | | | | | | | | |  | | | | | | months |
| Reason for vacancy or unoccupancy: | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Is the electricity disconnected? | | | | | | | | | | | | | Yes  No | | | | |
| Is the water (including the hot water heating system) disconnected? | | | | | | | | | | | | | Yes  No | | | | |
| Are doors and windows closed and locked? | | | | | | | | | | | | | Yes  No | | | | |
| Is garbage removed from the building and the premise? | | | | | | | | | | | | | Yes  No | | | | |
| Is the lawn maintained in summer and the entrances cleared in winter? | | | | | | | | | | | | | Yes  No | | | | |
| Are adjacent buildings vacant or unoccupied? | | | | | | | | | | | | | Yes  No | | | | |
| How far is the nearest occupied building? | | | | | |  | | | | | | | | | | | |
| Is there anyone who visits the premises regularly? | | | | | | | | | | | | | Yes  No | | | | |
| If **YES**, specify: |  | | |  | How often? | | | | | |  | | | | | | |
| Is there an alarm? | | | | | | | | | | | | | Yes  No | | | | |
|  | Connected to alarm center | | Not connected/local | | | | Company name: | | | | | | | |  | | |

|  |  |  |
| --- | --- | --- |
| How long have you known the applicant? | |  |
| Detail the general condition of the risk (i.e. shed, garage, etc.): |  | |
|  | | |

**SECTION 2 – HISTORY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Experience of the applicant** | | | | | | | | |
| The company has existed since: |  | |  | | Year of incorporation: |  | | |
| Number of year(s) in business: |  | |  | | Number of years at this location: |  | | |
| **Previous insurance** | | | | | | | | |
| How many years has the applicant had insurance? | | | | | |  | | |
| Name of present insurer: |  | | | | | | | |
| Effective date of insurance: |  | |  | | Expiring premium: | $ |  | |
|  | *MM/DD/YY* | |  | | Target premium : | $ |  | |
|  |  | |  |  | |  | | |
| Has any Insurer ever cancelled, restricted or refused to renew any insurance? | | | | | | | | Yes  No |
| If **YES**, please explain: | |  | | | | | | |

**SECTION 3 – PREVIOUS LOSS HISTORY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List all claims within the last 5 years, whether settled or not. | | | | | | | | | |
| **Date** |  | **Damages description** | |  | **Amount paid or reserve** | |  | **Status** | |
|  |  |  | |  | $ |  |  |  | |
| *MM/DD/YY* |  |  | |  | $ |  |  |  | |
| *MM/DD/YY* |  |  | |  | $ |  |  |  | |
| *MM/DD/YY* |  |  | |  | $ |  |  |  | |
| *MM/DD/YY* |  |  | |  | $ |  |  |  | |
| *MM/DD/YY* |  |  | |  |  |  |  |  | |
| Is the applicant aware of any incident(s) not reported to the insurer that could give rise to a claim? | | | | | | | | | Yes  No |
| If **YES**, specify: | | |  | | | | | | |

**ADDITIONAL INFORMATION**

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| --- |
|  |

To send your quote request or to contact our team, write us at: [montreal@tottengroup.com](mailto:montreal@tottengroup.com) .  
Our team will be happy to see if we can help you with your risk!