**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**

|  |
| --- |
|       |

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