

## Condominium/Tenant Insurance Questionnaire

Applicant Full Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Main) \_\_\_\_\_ (Work)  
E-Mail: \_\_\_\_\_ Birthdates: \_\_\_\_\_  
Occupation(s): \_\_\_\_\_

If Applicant has changed address in the last 3 years please provide previous address: \_\_\_\_\_

Previous Insurance: Yes  No . If Yes,  
Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Has any insurer cancelled, declined, or refused to renew or issue habitational insurance to the applicant within the past 5 years? Yes  No .

If 'Yes' please provide details: \_\_\_\_\_

Have there been any losses or claims by the applicant or other members of the applicant's household in the past 5 years? Yes  No .

If Yes, Date of Loss: \_\_\_\_\_ Amount of Loss: \_\_\_\_\_  
Cause of loss: \_\_\_\_\_

Building: Year built: \_\_\_\_\_ # of Stories: \_\_\_\_\_  
Frame or Concrete Construction: \_\_\_\_\_  
# of Units in Building: \_\_\_\_\_ Is There Commercial Occupancy Yes  No .  
Sprinklers: Yes  No . Are they in your unit: Yes  No .  
Type of Heating: \_\_\_\_\_  
Security Systems: \_\_\_\_\_

Approximate Replacement Cost of Personal Property: \$ \_\_\_\_\_

Earthquake Coverage: Yes  No . Do you work from Home: Yes  No .

Scheduled Items? Bikes...Jewellery...Fine Arts? \_\_\_\_\_

### If you own your Condominium:

Total value of betterments and improvements made from date unit was built: \_\_\_\_\_

What are your Strata Deductibles: \_\_\_\_\_

Is there a Mortgage on this location: Yes  No .

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.  
The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_