



CARRIER:

United States Liability Insurance Company

Residential Condominium/Strata Investors Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include Legal Entity and/or DBA name): _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Trust Other _____

Description of Operations:

Location 1

Street Address	Unit #	City, Province/Territory, Postal Code	Area (Sq. Ft.)	Years Owned	Annual or Seasonal	Owner Occupied	Student Tenants
					<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For additional locations or units, please complete Section III

2. Have there been any losses in the past three years? Yes No

If "Yes," provide the following information on each claim:

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on separate sheet

Property Coverage

Building Construction: <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Fire resistive <input type="checkbox"/> Frame <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Noncombustible					
FUS Grade	Cause of Loss	Deductible	Number of Stories	Type of Burglar Alarm	
_____	<input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	_____	<input type="checkbox"/> Local	<input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____					
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Personal Property Limit: \$ _____ Coinsurance (80% minimum): _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC (Includes Improvements and Betterments)					

Building Construction	
F = Frame	MNC = Masonry Noncombustible
JM = Joisted Masonry	MFR = Modified Fire Resistive
NC = Non-Combustible	FR = Fire Resistive
If other, describe	

Glass Coverage			
Location Number	Height	Width	Number of Panes
	ft.	ft.	
	ft.	ft.	
	ft.	ft.	

	Building Construction	FUS Grade	Business Personal Property Limit	Business Income Limit	Loss Assessment	Year Built	# of Stories	100% sprinkler?
2			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
4			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
5			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
6			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
7			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
8			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
9			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
10			\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)