



CARRIER:

United States Liability Insurance Company

Lessor's Risk Only Product Application

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

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 DBA name): _____

Location address: _____

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

Mailing address: _____

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

Web address: _____ E-mail address: _____ Phone: _____

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

Form of business: Individual Corporation Partnership LLC Trust Other _____

Description of Operations:

1. Have there been any property or liability losses in the past five years? Yes No

If yes, please provide the following information; additional claims or information may be submitted on a separate sheet.

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

2. How many years has the applicant been at the current location? _____

3. List the tenant(s) occupying the building: _____

4. Are all commercial tenants, other than self-insured governmental entities, required to carry insurance? Yes No

5. Does the owner/property manager obtain certificates of insurance from all commercial tenants as evidence of general liability? Yes No

6. Does the applicant have a lease in place with all occupants of the building whether or not they are involved in ownership? Yes No

7. Does the applicant occupy part of the premises? Yes No

If "Yes," please identify the operations _____

Property

Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive					
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central station <input type="checkbox"/> None	
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____					

What type of roof is on the building?	<input type="checkbox"/> Flat	<input type="checkbox"/> Wood shake	<input type="checkbox"/> Shingle	<input type="checkbox"/> Metal	<input type="checkbox"/> Tile	<input type="checkbox"/> Slate	<input type="checkbox"/> Other: _____
What is the age of the roof? _____ years							
Is the building fully protected by an operational sprinkler system covering 100% of the premises?	<input type="checkbox"/> Yes		<input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft.							
Building Limit:	\$ _____	Coinsurance (80% minimum)	_____ %	<input type="checkbox"/> ACV	<input type="checkbox"/> RC		
Business Personal Property Limit:	\$ _____	Coinsurance (80% minimum)	_____ %	<input type="checkbox"/> ACV	<input type="checkbox"/> RC		
Business Income Limit:	\$ _____	Coinsurance	<u>or</u>	Monthly Limit of Indemnity			
<input type="checkbox"/> With extra expense	<input type="checkbox"/> Without extra expense	<input type="checkbox"/> 50%	<input type="checkbox"/> 60%	<input type="checkbox"/> 70%	<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6
		<input type="checkbox"/> 80%	<input type="checkbox"/> 90%	<input type="checkbox"/> 100%			

ADDITIONAL PROPERTY COVERAGES REQUESTED (check all that apply)

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Electronic data	<input type="checkbox"/> Interruption of computer operations
<input type="checkbox"/> Pool \$ _____	<input type="checkbox"/> Garage \$ _____	<input type="checkbox"/> Outdoor sign \$ _____
<input type="checkbox"/> Outdoor equipment \$ _____	<input type="checkbox"/> Canopy/Awning \$ _____	

Liability Section

8. Occurrence/Aggregate limit: \$1 million/\$2 million \$2 million/\$2 million \$2 million/\$5 million
 \$3 million/\$3 million \$4 million/\$4 million \$5 million/\$5 million
9. Number of apartment units: _____
10. List the square footage of any vacant area: _____ sq. ft.
12. Number of stories: _____
13. Number of years applicant has owned this building : _____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Does the lease have a provision requiring tenant(s) to maintain general liability insurance with the applicant as additional insured? Yes No
15. Does the lease require tenant(s) to maintain and/or repair the premises, including keeping such premises free of snow and ice, adjacent to the building, e.g., sidewalks, driveways, parking lots, etc.? Yes No

ELIGIBILITY CRITERIA

16. Is the applicant the owner of all properties? Yes No
17. Are any structural renovations ongoing or planned during this policy term? Yes No
 If "Yes," are there certificates of insurance on file for all contractors naming the applicant as an additional insured?
18. Are there any past, pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually in the past five years? Yes No
19. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No
 If "Yes," advise reason: _____
20. Are all buildings over seven stories 100% sprinklered? Yes No
21. Is any tenant of the building a cannabis distributor or dispensary? Yes No
22. Is any tenant of the building a bar or night club? Yes No

23. For any building built prior to 1978, is 100% of the electric wiring is on functioning and operating circuit breakers? Yes No
24. Does any building built prior to 1978 have aluminum wiring or knob and tube wiring? Yes No
25. Are there functioning and operational smoke detectors in all units and/or occupancies? Yes No
26. Are there functioning and operational fire extinguishers readily available? Yes No
27. Is all commercial cooking with extinguishing systems in compliance with NFPA #96? N/A Yes No
28. Is any tenant a cannabis grower, hospital, nursing home, assisted living facility, elder care facility or any health care facility with an overnight or residential exposure? Yes 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)