



[Personal Lines]

EXCESS EARTHQUAKE CONDOMINIUM UNIT DEDUCTIBLE ASSESSMENT COVERAGE APPLICATION

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- The property is a single strata unit and is owner-occupied or rented on either a short-term or long-term basis.
- There is no other Excess Deductible Assessment coverage in place with Cansure.
- This is a standard high-rise, mid-rise, or luxury condo in British Columbia (BC).
- A minimum \$10,000 of any deductible assessment shall be deemed a retained amount by the insured, which must be paid by the insured before this excess coverage applies.

PART 1 GENERAL INFORMATION

Broker:	Contact Person:	Tel:
Name of Applicant:		
Mailing Address:	Postal Code:	
Risk Location (if different than above):	Postal Code:	
Year Built:	Number of Stories:	
Number of Units:		
Construction Type: <input type="checkbox"/> Frame (Wood Frame) <input type="checkbox"/> Masonry (Bricks, Stones, or Hollow Concrete Walls) <input type="checkbox"/> Fire Resistive (Reinforced Concrete or Steel)		

PART 2 PROPERTY POLICY INFORMATION

Insurer:		
Policy Number:		
Total Insured Value (The total of all insured property to which the EQ deductible applies):		
Total Building Earthquake Deductible: \$		
Excess Earthquake Assessment Coverage:		
<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$175,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$225,000 <input type="checkbox"/> \$250,000		
Earthquake Deductible on Property Policy:	%	Minimum: \$
Requested Effective Date:		
Policy Period (DD/MM/YYYY):	Effective Date:	Expiry Date:

12 MONTH POLICY TERM ONLY 12:01 A.M. All times are local times at the postal address stated herein

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker's Signature:

Position:

Please print name:

Date: