

QUOTE ONLY PLEASE BIND

NAME OF INSURED: _____

MAILING ADDRESS: _____

LOCATION OF RISK: _____

LIENHOLDER: _____

PRINCIPALS (if in a company name) _____

HOW MANY MORTGAGES? _____

AMOUNT OF LIENS: _____

DESCRIPTION OF PROPERTY (age, construction, etc.): _____

LIMITS REQUIRED: _____

 100 AMP 60 AMP**PREVIOUS INSURANCE**

Type of insurance? _____

Previous insurance company, Policy #: _____

Loss History? _____

VACANCY

How long has the property been vacant? _____

Why? _____

What is the anticipated future of this building? _____

What will be the approximate duration of vacancy? _____

PROTECTION PROTECTED SEMI-PROTECTED UNPROTECTEDAlarm? LOCAL MONITORED CENTRAL STATIONAre outside doors and windows fully secured and locked? YES NOIs a key in the hands of a competent person who checks the building within every 72 hours? YES NO

If so, who is this person and how often is the property checked? _____

Is the property easily viewed from the road? YES NO

Size of lot: _____

Is the property on a paved road? YES NO**MAINTENANCE**Public utilities left in service: HYDRO WATER TELEPHONE GAS

Reason: _____

Have all electrical appliances, if any, been disconnected? YES NOAre there curtains in the windows? YES NO

If not, what means have been taken to prevent building from looking unoccupied? _____

Is the property being maintained in a usable and salable condition at all times? YES NO

What arrangements have been made to maintain the property and attend the grounds? _____

Have you visited the property to verify the above answers? YES NO

Is the general maintenance, overall appearance and prospects for re-occupancy such that you recommend this property

for insurance? YES NOIs this an existing client of your office? YES NORenovations: MAJOR COSMETICAre any renovations being performed on the building? YES NO If so, by whom? _____

Details of work: _____

Current photos (front & back) required prior to binding.**PLEASE READ BEFORE SIGNING**

I may have provided personal information in this document and by other means 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, evaluation claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorize that I agree to the above on their behalf.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER.

Signature of Insured: _____ Date: _____

Signature of Broker: _____ Date: _____

Broker Firm: _____ Tel: _____ Return Fax #: _____

PREMIER MARINE

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