



Residential Strata Underwriting Application

Strata Plan No: _____ Name of Building(s): _____

Civic Address, Postal Code, City: _____

Property Management Company: _____ Occupancy: _____

Special Classification: Townhouses Condominiums Fractional Ownerships Duplex
Rental Apartments Bareland Cooperative Sectioned Airspace

Residential Units: Total # of Units: _____ # Owner Occupied: _____ Rented: _____ Vacant: _____

Commercial Units: Total # of Units: _____ # Occupied (Owned and/or Rented): _____ Vacant: _____

Provide a list of commercial occupants including business names and types of business operations: _____ None

Construction: Wood Frame _____ % Non Combustible _____ % Fire Resistive _____ %
If other, please describe: _____

of Floors: _____ Year Roof Last Upgraded: _____ Partial*

of Buildings (attach site plan if available): _____ Distance Between Buildings (if more than 1): _____ ft. m.

Year Built: _____ **If over 25 years, year updated:** Plumbing: _____ Heating: _____ Electrical: _____
Partial* Partial* Partial*

*Where applicable, provide details on any partial upgrades (plumbing, heating, and/or electrical): _____

Total Area: _____ feet metres

Heating System: Electric Hot Water Gas Forced Air In Floor Radiant

Has the property ever flooded? Yes No If yes, please provide details: _____

Any water ingress/'leaky condo' problems? Yes No If yes, attach details, including damage (if any) and the approach taken to rectify problems.

Any past, present, or future legal or illegal drug activities? Yes No

Are any renovations/additions valued over \$1 million scheduled? Yes No If yes, please describe: _____

Fire Protection: Public Volunteer Private If hydrants are privately maintained, please provide details: _____

Is an operational hydrant within 500 feet/metres? Yes No If no, please provide distance: _____ ft m

Is a fire hall within 5 miles/5 km? Yes No If no, please provide distance: _____ ft m

Provide Fire Protection: Fully Sprinklered Partially Sprinklered - Please specify areas: _____

Provide details of any other fire/security protection: _____

Appraisal Company: _____ Date of Appraisal: _____ Year of Cycle: _____

Building Values: \$ _____ Contents: \$ _____

Expiring Deductibles: Sewer: \$ _____ Water: \$ _____ Flood: \$ _____ All Others: \$ _____

Is financing required? Yes No

Authorized Signature: _____

Date Signed: _____ Policy Effective Date: _____