





Residential Strata Underwriting Application

Insured Name:							
				_ Postal Code:			
Property Management C							
Occupancy: Special Classification:	Rental Apartments Typed Hotel* Are there any munic	Condominiums Bareland Does the Strata ipal or strata bylaws ir ase provide confirmation of ir	Cooperative a run or have contro n place restricting sh	Sectioned l over the running ort term rentals (Airspace g of a business	Rental Po at the premises ys)	ools*
Residential Units:	Total # of Units:	# Owne	er Occupied:	# Rented	d:	# Vacant:	
Commercial Units:	Total # of Units:	# Occu	# Occupied (Owned and/or			# Vacant:	
	Total Area of Commercial Units: Square Feet:_rcial occupants including business names and types of business operations:						
Provide a list of commerc	cial occupants including	business names and t	ypes of business ope	erations:			None
Construction: Wood F # of Floors: # of Buildings (attach site Year Built: If ove *Where applicable, provi	Year Roof Last U plan if available): er 25 years, year updated	pgraded: Distance : Plur Part	Between Buildings mbing: ial*	Partial* (if more than 1): _ _ Heating: Partial*	E	ft.	m
where applicable, provi	ue details off any partial	upgrades (plumbing, i	neating, and/or elec	uricat).			
Heating System: Has the property ever flo Any water ingress/'leaky Any past, present, or futu Do you anticipate any ad 15% of the Total Insured Is there Poly B Plumbing	condo' problems? re legal or illegal "drug a ditions, renovations, or i Value? (to a maximum of	o If yes, please ctivities?" nstallation work over	provide details: Yes No	If yes, attack the approace			nd
Is there Aluminum Wiring							
Fire Protection: Pub		Private If h					
Is an operational hydran Is the Distance to a Fire F	: within 500 feet/150 met	res? Yes	No If no, please p	provide distance:		ft i	m m
Private Fire Protection: Provide details of any other.	Fully Sprinkler ner fire/security protection	ed Partially Sp n:	orinklered - State are	eas:			
Appraisal Company:							
Building Values: \$ Expiring Deductibles: Se ¹							
Are you aware of any fact Has the insured ever bee Is financing required?	s or circumstances that o	could reasonably resul	lt in a privacy breach		st you?		No
Name of Caprick	M Account Manage	, pro					
Authorized Name	W Account Manage		rized Signature:				
Date Signed:		Policy	Effective Date:				