



CGL REAL ESTATE RISK SUPPLEMENT

Commercial or industrial building, Apartment buildings, Condo Syndicate, Rooming Houses, Land and vacant lots

INSTRUCTIONS FOR THE APPLICANT

Please answer all questions. The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered material to that evaluation.

If a question is not applicable, state N/A. If more space is required to answer a question, please attach an exhibit stating the question number.

As required each year by the majority of our markets, this proposal must be duly signed and dated by an authorized person.

APPLICANT INFORMATION

1. Applicant's name:

2. Address or insured location:

3. Type of property:

- Commercial or industrial building
- Apartment buildings
- Condo - Leased condo unit(s)
- Rooming Houses
- Condo Syndicate (divided)
- Undivided co-ownership *indivision agreement required to subscribe*
- Land and vacant lots

ADDITIONAL INFORMATION ON APARTMENT BUILDINGS

1. Building area:

2. Condition of building:

- Good Fair Poor

3. Is the building currently under construction or renovation?

4. Number of apartment or units:

5. Number of vacant units:

6. Annual leases for all units?

Yes No

If No, how many units without an annual lease?

Describe type of leases:

7. Is proof of insurance required for tenants?

Yes No

8. Do you rent out rooms? Yes No
 Si If Yes, how many rooms? _____
 Type of tenants:
 Students Workers
 Others: _____
 Term of occupancy:
 Daily Monthly
 Weekly Annual

9. Who is responsible for the upkeep of the building and maintenance of the insured premises?

10. Does the owner or a janitor live on the premises? Yes No
11. Is there indoor parking in the building? Yes No
 If Yes, how many parking spaces? _____

12. Who is responsible for snow removal in the parking lot and common areas?

If the work is given to a subcontractor, is a minimum of \$2,000,000 in liability insurance is required? Yes No
 Si If No, please provide details:

13. Is there any commercial occupancy? Yes No
 If Yes, please also complete the **Additional information for commercial property section.**

ESPACES COMMUNS | COMMON AREAS

14. Is there a shared facility such as a swimming pool, spa, sauna, training room, reception/conference room or other? Yes No
 Si If Yes, please specify:

- Is the access reserved for occupants only? Yes No
 Is the installation supervised? Yes No
 If Yes, by whom?
 Is the installation properly maintained, regulated, fenced and secured? Yes No

CONDO SYNDICATE

1. Is the syndicate managed by co-owners or an external manager? Yes No
2. | Is there any rental by the syndicate (syndicate in charge rather than a co-owner)? Yes No

ADDITIONAL INFORMATION FOR COMMERCIAL OR INDUSTRIAL BUILDING

1. Building area: _____
2. Vacant area: _____
3. Building condition: Good Fair Poor



4. Is the building currently under construction or renovation?

5. Number of premises:

6. Describe the different uses of the building and their percentage:

7. Annual leases for all units?

Yes No

If No, how many units without an annual lease?

Describe type of leases:

8. Is proof of insurance required for tenants?

Yes No

9. Who is responsible for snow removal in the parking lot and common areas?

If the work is given to a subcontractor, is a minimum of \$2,000,000 in liability insurance is required?

Yes No

If No, please provide details:

ADDITIONAL INFORMATION FOR LAND AND VACANT LOTS

1. Land or lot identification:

2. Area:

3. Affectation:

4. The land is located in a high-density, medium-density, rural or forested area:

5. Is there a vacant building on the lot?

Yes No

6. Does the land or lot present a particular risk of attractiveness?

Yes No

If Yes, please specify:

7. Is the land or lot fenced or protected from intruders?

Yes No

If Yes, please specify:



HISTORY AND PREVIOUS

- 1. Has the applicant made any claims or given notice of possible claims to any insurer in the last five (5) years? Yes No
If Yes, please complete.

Date of loss	Description of loss	Insurer	Claimant	Expenses	Reserve	Indemnity	Date closed

- 2. What preventive measures, if any, have been taken following the claim(s)?

- 3. Is the applicant aware of any facts or circumstances that may give rise to a claim? Yes No
If Yes, explain or complete claim history.

ADDITIONAL INFORMATION ON RISK

- 1. Additional information:

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

It is expressly agreed that the submission, execution and/or completion of this insurance application shall not constitute acceptance of the risk by the insurer and shall not bind the insurer to issue any insurance policy, nor shall it obligate the applicant to accept coverage or to purchase any policy that may be offered.

Applicant's signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.