



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

4. Building area:
5. Condition of building:
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
6. Is the building currently under construction or renovation?
7. Number of apartment or units:
8. Number of vacant units:
9. Annual leases for all units? ☐ Yes ☐ No
If No, how many units without an annual lease?

Describe type of leases:
10. Is proof of insurance required for tenants? ☐ Yes ☐ No
11. Do you rent out rooms? ☐ Yes ☐ No
If Yes, how many rooms?

Type of tenants:

- ☐ Students
☐ Others

☐ Workers

Term of occupancy

- ☐ Daily
☐ Weekly

- ☐ Monthly
☐ Annual

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

13. Does the owner or a janitor live on the premises? ☐ Yes ☐ No

14. Is there indoor parking in the building? ☐ Yes ☐ No

If Yes, how many parking spaces?

15. 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:

16. Is there any commercial occupancy? ☐ Yes ☐ No

If Yes, please also complete the **Additional information for commercial property** section.

COMMON AREAS

17. Is there a shared facility such as a swimming pool, spa, sauna, training room, reception/conference room or other? ☐ Yes ☐ No

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

18. Is the syndicate managed by co-owners or an external manager? ☐ Yes ☐ No

19. Is there any rental by the syndicate (syndicate in charge rather than a co-owner)?

- ☐ Yes ☐ No

ADDITIONAL INFORMATION FOR COMMERCIAL OR INDUSTRIAL BUILDING

20. Building area:

21. Vacant area:

22. Building condition:

- ☐ Good ☐ Fair ☐ Poor

23. Is the building currently under construction or renovation?

24. Number of premises:

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

26. Annual leases for all premises? ☐ Yes ☐ No
If No, how many premises without an annual lease?

Describe type of leases:

27. Is proof of insurance required for tenants? ☐ Yes ☐ No

28. 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 required? ☐ Yes ☐ No
If No, please provide details:

ADDITIONAL INFORMATION FOR LAND AND VACANT LOTS

29. Land or lot identification:

30. Area:

31. Affectation:

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

33. Is there a vacant building on the lot?
☐ Oui | Yes ☐ Non | No

34. Does the land or lot present a particular risk of attractiveness? ☐ Yes ☐ No
If Yes, please specify:

35. Is the land or lot fenced or protected from intruders? ☐ Yes ☐ No
If Yes, please specify:

HISTORY AND PREVIOUS

36. Has the applicant made any claims or given notice of possible claims to any insurer in the last five (5) years? ☐ Yes ☐ No

Si Oui, veuillez compléter | If Yes, please complete.

Date de la perte Date of loss	Description de la perte Description of loss	Assureur Insurer	Réclamant Claimant	Frais Expenses	Réserve Reserve	Indemnité Indemnity	Date Fermée Date closed

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

38. 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 AND SIGNATURE

39. Additional information:

Signature of the Insured: _____

Date: _____

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