

## **Intact Insurance Company**

## Request for Additional Information – Property

Name of Insured:						Date:	
Broker:			Location Address:			Policy No.:	
-o co	mplete our underwriting	file, please provic	de the following	information or c	locuments:		
Evaluator acceptable to Intact Insurance							
	Appraisals on:						
	Year Building was built:						
	Is Location above still under construction?				Anticipated co	pated completion date (dd/mm/yy)?	
	Is location above vacant?				If Yes, vacan	cy questionnaire required.	
	Date location first became vacant (dd/mm/yy)?						
	Anticipated occupancy date (dd/mm/yy)?						
	Type of construction:	☐ Frame	Brick	☐ Masonry	Log	☐ Other:	
	Legal description (lot, concession, township):						
	Complete address of:						
		☐ Mortgagee					
	Please reply to our inqu	uiry of:					
	Please provide: ☐ Signed Re		lease		☐ Insured's Copy of Renewal		
		☐ Signed Endo	orsement No.				
					☐ Replacem	cement value of boat motor and trailer	
					☐ Horsepow	☐ Horsepower of boat	
		☐ Inboard/Out	board motor		☐ Inboard m	otor	
	Length of boat			☐ Ot	☐ Out of Water Survey		
	Please provide a photo	of:					
	Other:						

Comments: