



## Residual Value Insurance Questionnaire Non-Standard Risks

Date: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
Has the broker seen the risk? Yes ☐ No ☐

**Applicant's Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Previous Insurer and Policy Number: \_\_\_\_\_ Other Policies at Intact: \_\_\_\_\_  
Have they offered renewal? Yes ☐ No ☐  
Explain: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_

### Vacancy

**Location of risk** (if different from mailing address): \_\_\_\_\_  
Year Purchased: \_\_\_\_\_ How long has this property been vacant? (date vacancy began) \_\_\_\_\_  
What is the reason for the vacancy? \_\_\_\_\_  
What will be the approximate duration of the vacancy? \_\_\_\_\_  
What is the anticipated future of this building? \_\_\_\_\_  
Has any portion of the building been **remediated** (due to mould, asbestos, grow ops, etc.) in the past five years? Yes ☐ No ☐  
If YES, provide details: \_\_\_\_\_

### Location Details

Year Built: \_\_\_\_\_ # Storeys: \_\_\_\_\_ Construction: \_\_\_\_\_ Basement: Yes ☐ No ☐  
Is this a designated heritage building? Yes ☐ No ☐  
Total area of building: \_\_\_\_\_ sq. ft.  
Type of Building: ☐ Dwelling ☐ Retail ☐ Commercial ☐ Industrial ☐ Warehouse  
**Electrical:** ☐ Copper ☐ Aluminum ☐ Knob & Tube ☐ Other: \_\_\_\_\_  
Electrical System: ☐ Circuit Breaker ☐ Fuses ☐ 60 amp ☐ 100 amp ☐ 200 amp ☐ Other: \_\_\_\_\_  
Electrical system updated? Yes ☐ No ☐  
Date: \_\_\_\_\_

**Plumbing:** Updated? Yes ☐ No ☐  
Date: \_\_\_\_\_ Type: \_\_\_\_\_

**Roof:** Age of Roof: \_\_\_\_\_

**Heating:** ☐ Furnace ☐ Boiler ☐ Electric ☐ Other: \_\_\_\_\_  
Heating Fuel Type: ☐ Natural Gas ☐ Oil\* ☐ Propane\* ☐ Solid Fuel\* ☐ Other: \_\_\_\_\_  
Any auxiliary heating? Yes ☐ No ☐  
*\*Additional Questionnaire may be required* Type: \_\_\_\_\_  
Heating system updated? Yes ☐ No ☐  
Date: \_\_\_\_\_

## Protection

Burglary alarm? ☐ None ☐ Local ☐ Monitored ☐ Central Station ☐ ULC Approved (attach copy of certificate)

Are outside doors and windows fully secured and locked? Yes ☐ No ☐

Is the key in the hands of a competent person who checks the building on a regular basis? Yes ☐ No ☐

**How often** is the property checked (inspected)? \_\_\_\_\_

**Who** is responsible for the regular supervision and maintenance of the premises? \_\_\_\_\_

Please provide name(s), contact information and relationship to the Applicant: \_\_\_\_\_

Is the Property easily viewed from the road? Yes ☐ No ☐

How far is the nearest occupied property? \_\_\_\_\_

**Fire Protection:** Hydrant Distance: \_\_\_\_\_ Fire Hall Distance: \_\_\_\_\_

Fire extinguishers? Yes ☐ No ☐

Smoke detectors? Yes ☐ No ☐

Sprinkler system? Yes ☐ No ☐

Fire alarm? Yes ☐ No ☐

## Maintenance

Have any public utilities (hydro, telephone, water, gas) been left in service? Yes ☐ No ☐

If YES, for what reason? \_\_\_\_\_

Have all electrical appliances, if any, been disconnected? Yes ☐ No ☐

Are there any window coverings? Yes ☐ No ☐

If NO, what means have been taken to prevent the building from looking unoccupied? \_\_\_\_\_

Is the property being maintained in a usable and saleable condition at all times? Yes ☐ No ☐

What arrangements have been made to maintain the property and attend the grounds? \_\_\_\_\_

Are any renovations being preformed on the building? Yes ☐ No ☐

If YES, by whom? \_\_\_\_\_

## Loss History

Loss history (previous five years) open and/or closed claims: \_\_\_\_\_

## Other Comments

## Limits of Insurance

Building – Named Perils (Residual Value): \_\_\_\_\_

Liability (Owners', Landlords' and Tenants' Liability): \_\_\_\_\_

No other coverages are available.

## Statement of Property Value

**Name of Insured:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Policy No.:** \_\_\_\_\_

## Terms and Conditions

The values in Column 2 – **Item Value** (including Fixtures and Fittings pertaining thereto and the value of foundations below the level of floor), are based on the **Residual Value**:

**Residual Value** means the market value as salvage, of the materials comprising the part of the property destroyed, immediately prior to any loss or damage, excluding the cost of demolition but including the cost of debris removal from the “**premises**”.

Co-insurance clause: No Co-insurance

[illegible]

**Note:** The building limit of insurance on the policy reflects the sum of the item values listed above.

**Please save and/or print a copy of this form for your record.**

## Applicant Agreement Clause

This is an application for insurance only. No insurance is in effect until coverage has been specifically agreed to and has been bound by Intact Insurance Company.

I/We declare that during the last five years, no Insurer has cancelled, declined or refused to issue insurance as applied for herein, unless previously declared in the application.

I/We declare that the statements made herein are in every respect true and correct; and any contract of insurance will be based upon the truth of statements.

I/We hereby certify that the values given herein represent to the best of my/our knowledge and belief, the value of the property described, if to be insured on RESIDUAL VALUE basis as defined above.

ELECTRONIC SIGNATURE: I agree that by submitting this application online, I am electronically signing the application.

☐ I agree to the terms & conditions.

Applicant's Signature:	Date:
Broker's Signature:	Date:

- **CURRENT PHOTOS OF ALL EXTERIOR SIDES, AND INSIDE OF THE RISK MUST ACCOMPANY THIS QUESTIONNAIRE**