



RESIDENTIAL STRATA APPLICATION

CMW Insurance Services Ltd.

700-1901 Rosser Avenue
 Burnaby, BC V5C 6R6
 Tel: 604-294-3301 Fax: 604-294-3003
 cmwinsurance.com

Strata Plan No:		Name of Building(s):	
Location(s): (include Postal Code)			
Property Management Company:			
Occupancy:		<input type="checkbox"/> Townhouses <input type="checkbox"/> Condominiums <input type="checkbox"/> Hotel <input type="checkbox"/> Duplex	
Special Classification:		<input type="checkbox"/> Rental Apartments <input type="checkbox"/> Bareland <input type="checkbox"/> Cooperative	
Residential Units: Total Number of Units:		# Owner Occupied:	
		# Rented:	
		# Vacant:	
Commercial Units: Total Number of Units:		# Occupied (Owned &/or Rented):	
		# Vacant:	
Provide list of commercial occupants including business name and type of business operations See Attached Schedule			
Are any of the commercial occupant(s) restaurants equipped with deep fat fryers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to above, how often does the automatic suppression system receive regular servicing? <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually			
Construction: <input type="checkbox"/> Wood Frame <input type="checkbox"/> Non Combustible <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Other, Describe:			
Number of Floors:		Year Roof Last Upgraded: <input type="checkbox"/> Partial*	
# of buildings (attach site plan, if available):		Distance between bldgs (if more than one): <input type="checkbox"/> Feet <input type="checkbox"/> Meters	
Year Built:		If over 25 yrs, year updated:	
		Plumbing: Heating: Electrical:	
		Partial* <input type="checkbox"/> Partial* <input type="checkbox"/> Partial* <input type="checkbox"/>	
*Where applicable, provide details of any partial upgrades (roof, plumbing, heating and/or electrical)			
Total square footage: <input type="checkbox"/> Feet <input type="checkbox"/> Meters			
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Hot Water <input type="checkbox"/> Gas Forced Air <input type="checkbox"/> In Floor Radiant			
Is property on flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No Has property ever flooded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details			
Any water ingress/'leaky condo' problems?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any illegal drug activities ever discovered?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach details of the damage and the approach taken to rectify problem(s)			
Are any renos/additions valued over \$500,000 scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details			
Fire Protection: <input type="checkbox"/> Public <input type="checkbox"/> Volunteer <input type="checkbox"/> Private If hydrants are privately maintained, provide details.			
Is an Operational Hydrant Within 500 Feet/150 Meters? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Distance: <input type="checkbox"/> Feet <input type="checkbox"/> Meters			
Is the Distance to a Fire Hall Within 5 Miles/8 Kilometers? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Distance: <input type="checkbox"/> Miles <input type="checkbox"/> Kilometers			
Private Fire Protection: <input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered, state areas:			
Provide details of any other Fire / Security Protection:			
Appraisal Company:		Date of Appraisal:	Year of cycle:
Building Values: \$		Contents: \$	
Expiring Deductibles: Sewer: \$		Water: \$	
		Flood: \$	
		All Others: \$	
Loss History: Provide name of insurance brokerage firm(s) on risk for the following years:			
2005:		2008:	
2006:		2009:	
2007:		2010:	
Attach written confirmation of five year loss history from the brokerage firm(s) listed above.			
Is financing required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of CMW Account Manager:	
Authorized Signature:		Property Manager's Name:	
Date Signed:		Policy Effective Date:	

Completion of this application does not obligate the Company to accept risk. Coverage will commence only when notification of acceptance is given by the Company.



**RESIDENTIAL STRATA
RENEWAL APPLICATION
Directors & Officers Supplement**

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Strata Plan No:

Property Management Company:

Director's and Officers Liability Insurance

(Attached to and forming part of CMW Strata Application)

- a) Has a claim been made or pending against any person proposed for insurance in the capacity of either a Director or Officer of the Strata Corporation? Yes No
- b) Does any Director or Officer of the Strata Corporation have knowledge or information of any negligent act, any error or omission or breach of duty which might give rise to a claim against them? Yes No

IMPORTANT:

This type of insurance coverage applies only to claims made and reported to the Insurer during the policy period. Coverage does not apply, however, to claims that arise out of wrongful acts or facts or circumstances that may reasonably give rise to a claim at a future date that are known to the Applicant Organization, its directors, officer or employees to be insured, at the time when this application is signed and dated.

If the Applicant is currently insured by an Insurer other than Intact, and that contract of insurance is on a claims made basis, it is incumbent upon the Applicant Organization, its directors, officers or insured employees to report all known circumstances which may give rise to an eventual claim to that Insurer.

Please refer to your Insurance Broker if you do not understand the foregoing.

This section of the application must be signed by a Director or Officer of the Strata Council.

Date: _____

Signature: _____

Print Name: _____

Title: _____

Email: _____

Telephone: _____

