UFANS INSURANCE SERVICES

MARINE TRADES APPLICATION - BUILDING UPDATES FORM

This is a supplementary form to be used in combination with other marine trades applications and/or used when requested by underwriters. This form is not to be used on its own, unless specifically approved and is not considered a complete application for insurance.

SECTION 1 – CONTACT INFORMATION

Company Name:

Address:

Brokerage: Address:

Contact: Email: Phone:

If required, pleae complete additional buildings on a separate page.

SECTION 2 – CONSTRUCTION DETAILS

	BUILDING 1	BUILDING 2	BUILDING 3
Location			
Occupancy			
Year of Construction			
Number of Storeys			
Area (sq. ft.)			
Framing			
Exterior Finish			
Roofing Material			
Type of Electrical			
Type of Plumbing			
Type of Heating			
Type of A/C			
Basement	☐ None ☐ Finished ☐ Partially Finished ☐ Unfinished	☐ None ☐ Finished ☐ Partially Finished ☐ Unfinished	☐ None ☐ Finished ☐ Partially Finished ☐ Unfinished
Overall Condition			

SECTION 3 – YEAR OF UPDATES *(Required for all buildings over 20 years of age.)*

Heating			
Plumbing			
Roofing			
Electrical			

SECTION 10 – DECLARATION/CONSENT

PLEASE NOTE:

A claim will become invalid and the Insured's right of recovery is forfeited where:

(a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or

(b) the insured fails to inform material changes to these facts during the term of the contract;

(c) the insured contravenes a term of the contract or commits a fraud; or

(d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results.

I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature of Applicant: Date:

Signature of Applicant: Date:

Broker Signature: Date

Position: Brokerage:

Broker Email: