



SURVEY OF HAZARDS FOR VACANT / UNOCCUPIED PROPERTY

Name of Applicant / Insured Young Israel of Ottawa	Policy No.
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1. Location / address of risk: 627 Kirkwood Ave., Ottawa K1Z 5X5	
2. Does the building contain any furniture, machinery, stock or other contents? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe: Fixed seating, Office furniture, Kitchen Equipment, Little or no value	
3. How long has the building been vacant / unoccupied? Approx. six months	
4. What is the reason for vacancy? Preparing for sale	
5. Estimated duration of vacancy? Until building is sold	
6. Is the building up for sale? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is the building being renovated to make it more suitable for the normal / average tenant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide details:	
8. (a) Have any public utilities (electricity, gas, water, telephone) been left in service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain reasoning: Electric power still needed for lighting, security etc.	
(b) Is there any danger of freezing pipes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please describe exposure: Pipes have been drained and water supply cut off.	

9. (a) Have all the doors and windows been securely locked? ☒ Yes ☐ No
- (b) How are the doors secured? Standard Locking Mechanixm
- (c) Have all the easily accessible windows been boarded up? ☒ Yes ☐ No
- If No, please state what measures have been taken to prevent entry via the windows and to prevent damage to the property? Security window guards in place
- (d) Has security lighting been installed? ☐ Yes ☒ No
- If Yes, is the lighting automatically turned on each evening? ☐ Yes ☒ No
- (e) Is a watchman service maintained? ☐ Yes ☒ No
- If Yes, during what hours? _____

10. (a) Is the property being maintained in a usable and saleable condition? ☒ Yes ☐ No
- (b) Has all the rubbish been removed from within and about the building? ☒ Yes ☐ No
- (c) What arrangements have been made to maintain and paint the property, and attend to the grounds around the building? Grounds are maintained / No painting required
- _____

11. Describe any Significant Exposures for Metal Theft

- A) Metal Features of Building: N/A
- Standard Piping
- B) Metal Contents within Building: _____
- C) Metal Stock in the Open: N/A

12. Security Protection against Metal Theft

a) Surveillance :

- Remote Monitored Intrusion Alarm ☐ Yes ☒ No
- Recording with Closed Circuit Television (CCTV) ☐ Yes ☒ No

b) Metal Features of Building:

- Anti Grip Polymer or Grease Coatings that prevent removal of metal features ☐ Yes ☒ No
- Barbed wired, Cut resistant Fencing ☐ Yes ☒ No

c) Metal Contents Within Building:

- Locking Internal Doors ☐ Yes ☒ No
- Secure Storage Cage(s) ☐ Yes ☒ No

d) Metal in Open areas:

- Security Anchors ☐ Yes ☒ No
- Laser Etching, Ultra Violet Markings – Data Dots, Smart Water, Micro Dot DNA ☐ Yes ☒ No
- Signage Stating- “Metal is Marked/ Tagged with Anti Theft Devices” ☐ Yes ☒ No

13. Have there been any problems of break-ins by vagrants, derelicts, or juveniles? ☐ Yes ☒ No

If Yes, please describe circumstances and amount of present danger: _____

14. Is a key for the property in the hands of a competent person who checks the building on a regular basis? ☒ Yes ☐ No

If Yes, who is the person and how often do they check the property? Issie Scarowsky -- once a week

15. Have you (the broker) visited the property to verify the above information? ☒ Yes ☐ No

16. Please supply a recent photograph of the risk.

17. Do we have any supporting business for this applicant / insured? ☒ Yes ☐ No

If yes, please list policy number, type of coverage and annual premium:

Policy No.	Type of Coverage	Annual Premium
5 01284416 6710	See Policy	988.20
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Previous Insurer: N/A Policy Number: N/A

19. Has the applicant ever been refused insurance by any Insurer? ☐ Yes ☒ No

If yes, please provide details: _____

20. List all the past losses (whether insured or not).

Date	Description of Loss	Payment
1998 ?	Chandalier Fell	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If necessary, attach a separate note to further clarify answers to any of the above questions.

DECLARATION

The undersigned authorized representative declares on his/her behalf and on behalf of the applicant that the answers given to questions above are true and complete to the best of his/her knowledge and belief.

Without limitation to any other remedy available to Aviva Canada Inc., it is agreed that if it is found the applicant knew or ought to have known of fact(s) or circumstance(s) subsequently giving rise to any otherwise covered claim or action, such claim(s) or action(s) shall be excluded from coverage under proposed insurance policy.

SIGNED BY APPLICANT:



(Personally or as authorized representative of the applicant)

WARRANTY STATEMENT

1. The undersigned, for himself or herself, or as authorized representative of the applicant, declares that to the best of his/her knowledge the statements made and information provided in this application and all questionnaires are true.
2. It is also agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the insurance policy, the applicant will notify Aviva Canada Inc. and at the sole discretion of Aviva, any outstanding quotations may be modified or withdrawn.

I declare that to the best of my knowledge, all of the information in this questionnaire is true and that these statements are the declarations upon which insurance coverage is provided.

Signing this form does not bind the applicant or the insurer to complete the insurance.

May 2, 2019

Date:



Signature of an Executive Officer of the Named Insured if a Corporation, or Owner or Partner if otherwise

Broker Signature:

Treasurer

Title of Insured:

I authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, by Aviva for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, and claims history.



(Signature of an Executive Officer of the Named Insured if a Corporation, or Owner or Partner if otherwise)

PRIVACY CONSENT STATEMENT

If personal and/or personally identifiable information is provided in this application or questionnaire, the applicant(s) consents to its provision and use in connection with this application.

Personal and personally identifiable information collected by the insurer is used by the insurer to assess and underwrite insurance risk, price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

All the information contained in this questionnaire/application is true and these statements are the basis upon which the insurance coverage is assessed and quoted.

Signing this form does not bind the applicant or the insurer to issue a policy.