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 K&K Insurance Brokers, Inc. Canada

PROPERTY QUESTIONNAIRE FORM

1. Broker Name and Address: _____

2. Broker Phone Number: (_____) _____ Fax Number: (_____) _____

3. Broker E-mail Address: _____

4. Policy Period: _____ to _____

5. Insured Name and Mailing Address: _____

6. Insured Contact Person: _____ Phone Number: (_____) _____

What is the Insured? Corporation Partnership Joint Venture
 Individual Other _____

8. Number of Years in Business: _____

9. Is any other insurance with K&K? Yes No

10. Has any insurer cancelled, declined or refused coverage in the past 5 years? Yes No

If yes, please explain: _____

11. Location to be Insured

Please complete for each location and use additional sheets if necessary:

a) Location # _____

b) Address: _____
Street City Province/Territory Postal Code

c) Occupancy by Insured: _____
 Occupancy by Others: _____

d) Are there exposures on either side of Insured? Yes No

e) What is the appraisal? \$ _____ What is the appraisal date? _____

f) Are there any applicable municipal by-laws affecting coverage? Yes No

If yes, please describe: _____

g) Please describe the construction of the following:

Walls: _____
Floors: _____
Roof: _____

h) Number of stories in each building: _____

Square footage/Acreage of property: _____ Year built: _____

i) Number of elevators on premises: _____

j) Renovation(s):

Year	Type (e.g. wiring, heating, roof, plumbing)

k) Protection

(i) Does property have sprinklers? Yes No
If yes, what percentage of the building contains sprinklers? _____ %
Where is the central station? _____

(ii) Does property have burglar alarms? Yes No
If yes, where is the central station? _____
Is a watchperson service utilized? Yes No
Alarm Company: _____ Contact: _____
Alarm Certificate Number: _____

(iii) How often are fire extinguishers tested? _____
How often are smoke detectors tested? _____

(iv) Are fire hydrants within 300 meters of property? Yes No
Is the fire department within 5 km of property? Yes No
Are the firefighters paid workers or volunteer workers? _____

12. Statement of Values (Please use additional sheet if necessary.)

Location #: _____

Unit #	Street	City	Province/Territory	Postal Code
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(i) Building(s): \$ _____ Equipment: \$ _____
Stock: \$ _____ Tenants Improve: \$ _____
Coinsurance: \$ _____

(ii) EDP Equip/Data & Media/Ext Exp: \$ _____
Val Papers: \$ _____ Accounts Receivable: \$ _____
Coinsurance: \$ _____

(iii) Property of Others: \$ _____
 Rental Income: \$ _____
 Coinsurance: \$ _____

Business Interruption: \$ _____
 Extra Expense: \$ _____

13. Business Interruption

Profits Indemnity Period: _____

Gross Earnings Coinsurance: _____%

Rental Income
 Number of Months: _____

Gross Rents Indemnity Period: _____

Ordinary Payroll: 90 Days \$ _____ 180 Days \$ _____
 365 Days \$ _____

Please include Business Interruption Profits and Gross Earnings Worksheets.

14. Other Coverages

(i) Employee Tools: \$ _____ Total Value: \$ _____

(ii) Fine Arts: \$ _____

(iii) Contractors Equipment: \$ _____ (Please include Contractors Equipment Supplemental Questionnaire.)

(iv) Transit: \$ _____

(v) Installation Floater: \$ _____

(vi) Boiler & Machinery: \$ _____

(vii) Signs: \$ _____

(viii) Glass: \$ _____ (Please attach schedule.)

15. Basis of Settlement for Building, Equipment and Stock

Replacement Cost: \$ _____

Actual Cash Value: \$ _____

Other: \$ _____
 (Please specify.) _____

16. Prior Loss Information (Please use additional sheet if necessary.)

Date	Description	Deductible	Reserve	Net Paid	Expenses	Recovery	Total
TOTAL							

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (Print)

Signature

Date