

NEW SUBMISSION APPLICATION

Broker: _____ Date: _____

1. Insured

Name Insured: _____
 Owner(s)/Contract(s): _____
 Mailing Address: _____
 Office Phone #: _____ Fax #: _____
 Email: _____ Website: _____

Business Type: Individual Partnership Joint Venture Corporation
 In business since: _____ Experience in this field since: _____
 Effective date: _____ Date required: _____

2. Insurance History

Prior/Current Insurer: _____
 Insured Since: _____
 Current Broker: _____
 Policy Number: _____
 Premium: _____

Has the insured been refused or cancelled by an insurance company? Yes No

3. Claims History

Has the insured has any claims within the past 5 years? Yes No

If yes, please provide details below

Date of Claim	Settlement	Pending	Description

4. Description of Operations

5. Gross receipts

Total sales: _____
 % Canada _____ % US _____ % Foreign _____

6. Description of Location

a) Location 1 – Building 1

Building Name _____ Address _____
 Territory _____
 Town Grade _____

b) Occupancy

Type of Industry _____
 Occupancy by Insured _____
 Other Occupancy _____
 Building Owner Occupancy _____

Who are the insured's customers? _____

Where are they located? _____

Photos Attached? Yes No

- c) Construction Details
 Building Occupancy: _____ Year Built: _____ Age: _____
 Basement? Yes No
 Walls Exterior _____ Floor Construction _____
 Walls Interior _____ Roof Construction _____
 Plumbing _____ Roof Covering _____
 Electricity _____ Ground Floor Area _____ SF SM
 Heating _____ Area Occupied _____ SF SM
 Other Heating _____ # of Stories _____
- d) Building Updates (if partially or fully updated and year)
 Roof _____ Plumbing _____
 Electricity _____ Heating _____
- e) Fire Protection
 Protected Semi-Protected Unprotected
 Sprinklered Yes No
 Fire Hydrant Yes No Feet _____
 Fire Station _____ KM _____
- f) Crime Protection
 Alarm: Yes No
 Local Monitored
 Safe Type _____ Safe Class _____
 Other Crime Protection at This Location _____

7. **Description of Location**

- a) Location 2 – Building 2
 Building Name _____ Address _____
 Territory _____
 Town Grade _____
- b) Occupancy
 Type of Industry _____
 Occupancy by Insured _____
 Other Occupancy _____
 Building Owner Occupancy _____
- Who are the insured's customers? _____
 Where are they located? _____
 Photos Attached? Yes No
- c) Construction Details
 Building Occupancy: _____ Year Built: _____ Age: _____
 Basement? Yes No
 Walls Exterior _____ Floor Construction _____
 Walls Interior _____ Roof Construction _____
 Plumbing _____ Roof Covering _____
 Electricity _____ Ground Floor Area _____ SF SM
 Heating _____ Area Occupied _____ SF SM
 Other Heating _____ # of Stories _____
- d) Building Updates (if partially or fully updated and year)
 Roof _____ Plumbing _____
 Electricity _____ Heating _____

e) Fire Protection

Protected Semi-Protected Unprotected
 Fire Hydrant Yes No Feet _____
 Fire Station _____ KM _____

f) Crime Protection

Alarm: Yes No
 Local Monitored
 Safe Type _____ Safe Class _____
 Other Crime Protection at This Location _____

8. Loss Payables

Location 1: _____
 Location 2: _____

9. Requested Coverage – All Locations

Property	Deductible	

Business Interruption	Deductible	Limit

Crime	Deductible	Limit

Liability	Deductible	Limit

Boiler & Machinery	Deductible	Limit

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material changed as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and 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.

Applicant's Signature: _____ **Date:** _____

Brokerage Name: _____ **Broker's Signature:** _____ **Date:** _____