

# TOTTEN GROUP

I N S U R A N C E

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## COMMERCIAL APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Business Name \_\_\_\_\_

2. Principal(s) \_\_\_\_\_

3. Mailing Address \_\_\_\_\_  
\_\_\_\_\_

4. Website \_\_\_\_\_

5. Loss Payable \_\_\_\_\_  
\_\_\_\_\_

6. # of Years in Business \_\_\_\_\_ # of Years Experience \_\_\_\_\_

7. Loss Experience (5 years)  None

Date \_\_\_\_\_ Reserve \_\_\_\_\_ Paid \_\_\_\_\_ Expenses \_\_\_\_\_ Closed  Yes  No

Details \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Reserve \_\_\_\_\_ Paid \_\_\_\_\_ Expenses \_\_\_\_\_ Closed  Yes  No

Details \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Reserve \_\_\_\_\_ Paid \_\_\_\_\_ Expenses \_\_\_\_\_ Closed  Yes  No

Details \_\_\_\_\_  
\_\_\_\_\_

8. Current insurance company on risk \_\_\_\_\_

9. Is renewal being offered?  Yes  No

If no, explain \_\_\_\_\_

10. Current expiry date? \_\_\_\_\_ Expiring Premium \_\_\_\_\_ Renewal Premium \_\_\_\_\_

11. Other markets approached \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### PROPERTY/CRIME INFORMATION

1. Risk Location # \_\_\_\_\_ # of years at this location \_\_\_\_\_  
 2. Address (if different from page 1 of app) \_\_\_\_\_

3. **Occupancy** By Insured as \_\_\_\_\_  
 By Others as \_\_\_\_\_

Is any portion of this building - Vacant or Unoccupied?  Yes  No  
 - Under Renovation?  Yes  No

**If yes, please complete "Vacant/Unoccupied/Under Renovation" section of this application.**

#### 4. Construction

# of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_  
**Walls -**  HCB  Frame  Metal Clad  Other - \_\_\_\_\_  
**Roof -**  Concrete  Steel Deck  Wood Joist  Patent  
 Updates -  Full  Partial Year \_\_\_\_\_

#### 5. Utilities

**Heat**  Forced Air  Boiler  Electric  Other- \_\_\_\_\_  
 Fuel  Gas  Oil  Other- \_\_\_\_\_ If Oil, age of tank \_\_\_\_\_  Inside  Outside/Above Ground  
 Woodstove  Wood Furnace  Fireplace Insert  
 If wood, confirm ULC Approved?  Yes  No Installed to Code?  Yes  No  
 Updates -  Full  Partial Year \_\_\_\_\_  
**Electrical**  C/B  Fuses \_\_\_\_\_ Amps  
 Updates -  Full  Partial Year \_\_\_\_\_ Is there knob and tube wiring?  Yes  No  
**Plumbing**  Copper  Plastic  Other \_\_\_\_\_  
 Updates -  Full  Partial Year \_\_\_\_\_

#### 6. Protection

**Fire -** Hydrant within \_\_\_\_\_  Feet  Metres Fire hall  Fulltime  Volunteer \_\_\_\_\_ kms  
**Sprinkler System -**  Yes  No  Wet  Dry % of Building Sprinklered \_\_\_\_\_  
**Alarm -**  Yes  No  Central  Monitored  Local  
**Fire Extinguishers -** # \_\_\_\_\_ Type  ABC  K (restaurants) \_\_\_\_\_ Size \_\_\_\_\_ lbs  
**Burglar Alarm -**  Central  Monitored  Local ULC Approved  Yes  No  
 Full Perimeter  Partial Perimeter Contacts  All Windows  All Doors  
 Motion Detector  Heat Detector  Other \_\_\_\_\_

#### 7. Safe

Yes  No Class \_\_\_\_\_  
 How often are bank deposits made? \_\_\_\_\_ By whom? \_\_\_\_\_  
 Are all doors fitted with deadbolts?  Yes  No

8. **Housekeeping**  Excellent  Good  Fair  Poor  
 9. **Physical Condition**  Excellent  Good  Fair  Poor  
 10. **Financial Position**  Excellent  Good  Fair  Poor  
 11. **Neighbourhood**  Excellent  Good  Fair  Poor



### LIABILITY INFORMATION

1. **Operations**

Full Description of Each Operation	Gross Receipts (including subcontractors)		
	Estimate Next Year	Current Year	Prior Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. % U.S. \_\_\_\_\_ % Foreign \_\_\_\_\_ Details \_\_\_\_\_

3. Any operations conducted at other owned or leased premises?  Yes  No

4. Any installation or repairs performed away from premises?  Yes  No If yes, describe \_\_\_\_\_

5. **Subcontractors?**  Yes  No Payroll for subcontractors \_\_\_\_\_  
Are "Certificates of Insurance" obtained from all subcontractors?  Yes  No

6. **Employees** # Full time \_\_\_\_\_ # Part time \_\_\_\_\_ # Clerical \_\_\_\_\_ Payroll \_\_\_\_\_

7. **Brochures**  Attached  To Follow

8. **Current Limit** \_\_\_\_\_  Occurrence Form  Claims Made Form

9. **Current Deductible** \_\_\_\_\_  PD  BI & PD  PD (Per Claimant)  BI & PD (Per Claimant)

### MACHINERY BREAKDOWN INFORMATION

1. Do you currently carry Machinery Breakdown coverage?  Yes  No

2. Current Carrier? \_\_\_\_\_

**Boiler** Do you have a boiler?  Yes  No  
If Yes, please advise  Hot Water  Steam  
Contact Name for Inspection \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Air Conditioning** Do you have a Central Air Conditioning System?  Yes  No  
If Yes, please advise HP \_\_\_\_\_ Tons \_\_\_\_\_  
Is there a maintenance contract in force?  Yes  No

**Other** Do you have any other Pressure Vessels?  Yes  No  
If Yes, are there any over 24 inches in diameter?  Yes  No

**Consequential** If Consequential Damage coverage is required, please advise  
# of Cold Rooms/Cabinets \_\_\_\_\_  
What is the Maximum amount stored in any one Cold Room/Cabinet? \_\_\_\_\_

**Additional Info** Please provide any additional information that may be pertinent in the assessment of this Applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please ensure the following is completed in full. If not applicable for this location, please indicate same.

**Vacant/Unoccupied**  Not Applicable  Applicable to Location # \_\_\_\_\_

1.  Vacant (building is entirely empty with no furnishings or storage)  
 Unoccupied (building is no longer used for its intended purpose, however, furnishings are kept on premises)
2. How long has building been vacant or unoccupied? \_\_\_\_\_ Expected term of vacancy/unoccupancy \_\_\_\_\_
3. Reason for vacancy/unoccupancy \_\_\_\_\_
4. Has the electricity been disconnected?  Yes  No
5. Please advise how far detached from adjacent building(s) \_\_\_\_\_
6. Are any adjacent buildings vacant or unoccupied?  Yes  No
7. Is anyone visiting premises on a regular basis?  Yes  No  
If so, who? \_\_\_\_\_ How often? \_\_\_\_\_
8. Is this vacancy or unoccupancy seasonal?  Yes  No
9. Are all doors and windows securely closed and locked?  Yes  No
10. Is all rubbish removed from within and about the building(s) and premises?  Yes  No
11. Is the grass cut and all bushes, etc. cleared around all buildings?  Yes  No

**Under Renovation** Provide full details \_\_\_\_\_

1. Term \_\_\_\_\_ Is premises occupied during renovation?  Yes  No
2. Who is undertaking renovations?  Applicant If Applicant, please advise experience \_\_\_\_\_  
 Contractor If Contractor, do they have a CGL in effect?  Yes  No
3. Is applicant financially sound?  Yes  No Provide details of mortgage amounts, other businesses, etc. \_\_\_\_\_

**Student Boarding/Rooming House Survey**  Not Applicable  Applicable to Location # \_\_\_\_\_

1. Number of rooms rented \_\_\_\_\_ Number of apartments rented \_\_\_\_\_
2. Does the owner live on premises?  Yes  No Does a superintendent live on premises?  Yes  No
3. Are there any adjacent buildings?  Yes  No How far detached? \_\_\_\_\_
4. Is each floor equipped with a) Fire Alarms  Yes  No b) Smoke Detectors  Yes  No  
c) Fire Extinguishers  Yes  No
5. Does the owner allow cooking in rooms?  Yes  No  
If yes, please confirm type of cooking units  Hot Plate  Conventional Stove  Common Kitchen
6. Are the tenants:  Students  Tourists  Other \_\_\_\_\_
7. Rooms rented:  Daily  Weekly  Monthly  Annually

**Restaurant/Hotel/Tavern**  Not Applicable  Applicable to Location # \_\_\_\_\_

1. Does the operation include a. deep frying  Yes  No b. grilling  Yes  No
2. Is the kitchen equipped with an automatic extinguishing system?  Yes  No The system is  Dry  Wet
3. Does the system cover the entire grilling/deep frying surface?  Yes  No
4. Is there a 6 month maintenance agreement in place with a certified service provider?  Yes  No
5. Fire Extinguishers # \_\_\_\_\_ Type  ABC  K (restaurants)  \_\_\_\_\_ Size \_\_\_\_\_ lbs  
Receipts Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_ Other \$ \_\_\_\_\_



**BROKER DECLARATION**

**Each and every question must be answered by the Broker and/or Account Executive.**

Is this account NEW to your office?  Yes  No    Is the operation financially sound?  Yes  No  
If no, how long have you known the Applicant? \_\_\_\_\_ Did you receive the order direct from the Applicant?  Yes  No  
Do you handle other insurance for the Applicant?  Yes  No    Do you recommend this applicant in every respect?  Yes  No

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

\_\_\_\_\_  
PRINT NAME OF BROKERAGE

\_\_\_\_\_  
PRINT NAME OF BROKER/PRODUCER

\_\_\_\_\_  
PRINT ADDRESS OF BROKERAGE

**Broker Email Address:** \_\_\_\_\_

**APPLICANT'S SIGNATURE**

**PLEASE REVIEW CAREFULLY**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Position Held in Company



**COVERAGES AND LIMITS**

**SECTION 1 - PROPERTY-** Location # \_\_\_\_\_ - Building # \_\_\_\_\_

**Address**  As Noted on Page #1 or \_\_\_\_\_

**Form**  Named Perils  Broad Form  ACV  Replacement Cost

**Deductible**  \$1,000  Other \_\_\_\_\_

**Limits** Building \_\_\_\_\_

Contents \_\_\_\_\_

Stock \_\_\_\_\_

Equipment \_\_\_\_\_

Business Income \_\_\_\_\_

Ordinary Payroll "25% of business income limit" **OR** \_\_\_\_\_

Extra Expense \_\_\_\_\_

Rental Income \_\_\_\_\_

Accounts Receivable \_\_\_\_\_

Computer Protection \_\_\_\_\_

Contractor's Equipment Form \_\_\_\_\_ attach schedule

Miscellaneous Form \_\_\_\_\_ attach schedule

Office Contents \_\_\_\_\_

Sign Form \_\_\_\_\_

Tool Floater \_\_\_\_\_ attach schedule of items over \$1,000

Valuable Papers \_\_\_\_\_

**SECTION 2 - CRIME**

**Deductible**  \$1,000  Other \_\_\_\_\_

Inside/Outside Burglary \_\_\_\_\_

Damage to Building by Burglary or Robbery \_\_\_\_\_

Stock Burglary \_\_\_\_\_

Safe Burglary \_\_\_\_\_

**SECTION 3 - LIABILITY**

**Form**  Occurrence  Claims Made

**Deductible**  \$1,000  Other \_\_\_\_\_

Property Damage  Bodily Injury & Property Damage  Other: \_\_\_\_\_

**Limit** Commercial General \_\_\_\_\_

Tenants Legal \_\_\_\_\_

**SECTION 4 - GLASS**

Plain Plate - Total Sq Ft \_\_\_\_\_  Thermopane - Installed Cost \_\_\_\_\_

**SECTION 5 - MACHINERY BREAKDOWN**

**Deductible**  \$2,500  Other \_\_\_\_\_

Direct Damage \_\_\_\_\_

Business Income \_\_\_\_\_ (available only if provided in Section 1 - Property)

Ordinary Payroll - 90 Consecutive Days

Rental Income \_\_\_\_\_