

****Please complete a separate form for each location****

PROPERTY INSURANCE:

Location to be Insured: _____

Year Built: _____ # of Stories: _____ Building Construction Type: _____

Heating: Gas Electric Oil Other: _____ Electrical: 100 amp Breakers Fuses

Updates to heating/roofing/plumbing/electrical (include date of updates to each): _____

Burglary Alarm: Yes No Monitored: Yes No

Does your facility have an auxiliary power source in the event of a power failure? YES NO

Number of elevators? _____ Are they regularly inspected? YES NO By whom: _____

Is elevator large enough to carry a bed? YES NO

How many stairwells per floor? _____

Any cooking units: _____ On floor? YES NO In rooms? YES NO To do frying? YES NO

If so, are they equipped with any extinguishing system of the CO2 type? YES NO

Are they regularly inspected? YES NO By whom? _____

Indicate if there is: Pool? YES NO Is the pool locked when not in use? YES NO

Is there a lifeguard on duty? YES NO Do you have a daily maintenance procedure in place? YES NO

Sauna bath? YES NO Whirlpool? YES NO

Describe fire protection system: YES NO

Fire extinguishers? _____

Sprinklers? _____

Smoke detectors? _____

Fire alarm system? _____

Fire alarm connected to a central system? _____

Distance from nearest fire hydrant (in km)? _____

Distance from nearest fire station (in km)? _____

Does the municipality have a full-time fire brigade? _____

Does the municipality have a volunteer brigade? _____

How many persons are on duty at night? _____

How many fire exits per floor? _____

Who checks fire extinguishers, smoke detectors, sprinklers and alarm systems? _____

Describe any emergency evacuation plan:

In daytime: _____

At night: _____

Describe the spread of patients in the building, taking into consideration the fire exits on the ground floor.

Are invalids located on the lower floor? YES NO

Is building isolated at least 40 feet from any other structure? YES NO

Is any construction/renovations planned for the next twelve (12) months? YES NO

If yes, please detail on a separate sheet.

Any social activities? YES NO If yes, please detail: _____

Any sporting activities? YES NO If yes, please detail: _____

Is liquor served on the premises? YES NO If yes, please detail: _____

Do you own or operate other business enterprises, related or not to the main activities?

If yes, please detail and indicate if the coverage applied for should include them? YES NO

During the past three (3) years, has the building been inspected? If yes, please attach a copy of the most recent inspection report as well as photographs of the facility if available. YES NO

Were any loss control recommendations made pursuant to these inspections? YES NO

If yes, please detail the recommendations and the measures that were taken to complete these.

Do you provide any transportation services for your patients? YES NO

If yes, please describe: _____

ASSISTED / SENIOR CARE FACILITIES – PROPERTY/CRIME/EQUIPMENT BREAKDOWN APPLICATION

Are the parking lots and walkways leading up to your facilities in good repair? YES NO
 Is there a snow removal contract in place? YES NO

CRIME

Total Class A (Full-Time staff who have access to cash, cheques and securities in their job function) _____
 Are countersignatures required on all cheques? If No, please explain Cheque Signing procedure: _____ YES NO
 Is a cheque-signing machine used? YES NO
 Is there control over blank cheques? YES NO
 Are cheques pre-numbered and accounted for? YES NO
 Are blank cheques locked up? YES NO
 Are bank accounts reconciled by someone not authorized to deposit or withdraw? YES NO
 Is an annual audit conducted by an outside agent? If yes, specify: _____ YES NO
 Usual Maximum Amount of Cash on Premises? \$ _____
 Number of employees/volunteers who would, as part of their function, visit clients in their homes _____

EQUIPMENT BREAKDOWN INSURANCE

Do you require your Air Conditioning / Heating to be covered? YES NO
 Do you require your Electronics (phone systems, smartboards) to be covered? YES NO

COVERAGE SUMMARY:

Property Coverage	Deductible	Limit Required
Building		
Contents		
Equipment		
Miscellaneous Property		
- Computer Equipment (incl. Laptop)		
- Tools		
- Portable Equipment		
Profits		
Extra Expense		
Earthquake		
Flood Coverage		
Equipment Breakdown (replacement value)		
Crime Limit		

PLEASE READ BEFORE SIGNING: 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.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Printed Name: _____ Date: _____
 Position Held: _____ Signature: _____
 Brokerage: _____ Broker Name: _____
 Broker Email: _____ Broker phone: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizprofessional@premiergroup.ca **

Vancouver - T 604.669.5211 F 604.669.2667 London - T 519.850.1610 F 519.850.1614