

INSURED DETAILS:

Named Insured: _____
Mailing Address: _____
Risk Address: _____
Description of Operations: _____
Number of Years in Business: _____
If a new venture, please describe past experience: _____
Required Inception Date: _____

PROPERTY UNDERWRITING DETAILS:

Number of Stories: _____
Construction: Frame Masonry Veneer Masonry Non Combustible Fire Resistive
Age of Building: _____
Updates (if over 25 Years old): Roof: _____ Electric: _____ Heating: _____ Plumbing: _____
Square Footage (occupied by insured): _____ Square Footage (occupied by others – approx.): _____
Other building occupants: _____
Neighbouring exposure: _____
Sprinklered: YES NO If yes, what percentage? _____%
Smoke / Fire alarms: YES NO If yes, ULC certified: YES NO If yes, is it monitored: YES NO

THEFT / CRIME DETAILS:

Alarm System: YES NO If yes, ULC certified: YES NO If yes, is it monitored: YES NO
Name of Monitoring Co.: _____
Windows Barred? YES NO
Door Security: YES NO
Deadbolt locks? YES NO
Security Guards? YES NO
Banking Daily: YES NO
Type of Safe: _____ Class _____
Cash Exposure: \$ _____

LIABILITY:

Revenues: \$ _____

OPERATIONAL DETAILS:

Any tobacco products sold? YES NO
If yes, percentage of revenues from Tobacco sales: _____%
If yes, what is the value in dollar amount: \$ _____
If yes, is there a separate cage/locked cabinet used to store? YES NO
Any liquor products sold? YES NO
If yes, what is the value in dollar amount: \$ _____
If yes, what is the percentage of total revenues from tobacco sales: _____%
Any food prepared or cooking done? YES NO If yes, provide details: _____
Is there a deep fat fryer or grill? YES NO
If yes, please describe extinguishing system: _____
Any delivery services offered by the insured? YES NO
If yes, does the insured guarantee any specific delivery time? _____
If yes, please confirm number of deliveries done daily: _____

Housekeeping

Appropriate Space between racks: _____

Daily cleaning and dust removal / collection: _____

CLAIMS HISTORY:

Details – DOL: _____

Open / closed: _____

Circumstances: _____

Amount paid (including legal expenses and reserves): \$ _____

Has insured ever been cancelled / declined or non-renewed? _____

CGL COVERAGE:

COVERAGE	Limit Required	Deductible
COMMERCIAL GENERAL LIABILITY:	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
TENANTS LEGAL LIABILITY:	<input type="checkbox"/> \$500,000 included	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
NON OWNED AUTO:	<input type="checkbox"/> \$1,000,000 included	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
EMPLOYEE BENEFITS:	<input type="checkbox"/> \$1,000,000 included	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
MEDICAL PAYMENTS:	<input type="checkbox"/> \$25,000 included	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000

PROPERTY COVERAGE:

COVERAGE	Limit Required	Deductible
Building – All Risk		
Contents – All Risk		
Miscellaneous Property Floater - Computer Equipment (incl. Laptop) - Tools - Portable Equipment		
Profits		
Extra Expense		
Crime Limit		
Employee Dishonesty Limit		
Earthquake (restrictions in Cresta Zone 1) Flood Coverage		10% \$10,000

PREVIOUS INSURANCE:

Current carrier: _____ Limit: _____ Premium: \$ _____

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.

Applicant's Name: _____ **Position Held:** _____

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

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 - newbizcommercial@premiergroup.ca **	
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