

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
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APPLICATION – COMMERCIAL PROPERTY INSURANCE

1. GENERAL INFORMATION

Name of Applicant: _____

Is the Applicant a: Corporation Partnership Limited Liability Partnership
 Non Profit Corporation Individual Joint Venture
 Other (Specify) _____

Website: _____

Mailing Address: Street _____
City _____
Province _____ Postal code _____

Contact person: (for inspection) _____
Phone: _____ Email: _____

Quote required by: _____ Coverage effective date: _____

Target Property Premium: _____

2. RISK ADDRESS Same as mailing address (If different, please complete below.)
Street _____
City _____
Province _____ Postal code _____

3. MORTGAGES / LOSS PAYEES – Name and address:

4. OCCUPANCY – Applicants process description:

Special Hazards (Flammable liquids/heat processes/welding):

List all occupants/tenants:

5. CONSTRUCTION

Year Built: _____ Additions: _____ Upgrades: _____ No. of Storeys: _____

Wall Construction: Concrete/Brick Steel Frame Wood Frame Other: _____

Roof Construction: Concrete Steel Deck Wood Joist Steel on Steel
 Other: _____

Roof Finish: Shingles Tar & Gravel Rubber Membrane Wood Shingle
 Metal Other: _____

Roof Year Updated: _____

Floor Construction: Concrete Concrete on Steel Wood Other: _____

Total Building Area (sq. ft.): _____ Area occupied by Insured (sq. ft.): _____

Heating: _____ Year Updated: _____

Plumbing: _____ Year Updated: _____

Wiring: Fuses Circuit Breaker Aluminum Knob and Tube
Year Updated: _____

Protection: Burglar Alarm Local Alarm Central Station Monitored Alarm Fenced Yard
 Metal bars or grill protecting all glass doors and windows Other: _____

Fire: Sprinkler: _____% Local Alarm Central Station Monitored Alarm
 Fire Alarm Local Alarm Central Station Monitored Alarm Fire Extinguishers #: _____

*If Occupancy is a Restaurant, please advise what type of oil is being used for deep frying:

- Vegetable Lard
- ULC 1254.6 Wet Extinguishing System supported by a K Portable Extinguisher

Automatic Kitchen Fire Suppression System: Wet or Dry Semi-annual contract

Municipal Protection:

Number of Hydrant(s) within 500 feet: _____ Fire Hall: _____ _____ Miles Kilometres

Exposures: Right: _____ Left: _____

Front: _____ Rear: _____

Safe: Yes No If Yes, Class: _____

6. COVERAGES

Named Perils: _____ Broad Form: _____ Deductible: _____

	INSURED LIMITS		INSURED LIMITS
Building	\$	Rental Income	\$
Stock	\$	Gross Earnings	\$
Equipment	\$	Profits	\$
Office Contents	\$	Extra Expense	\$
Computer Hardware	\$	Valuable Papers	\$
Computer Software	\$	Accounts Receivable	\$
Transit	\$	Professional Fees	\$
Signs	\$	Tools	\$
Other: _____	\$	Contractors Equipment (Attach Schedule)	\$
Other: _____	\$		

Other Coverage Required: Standard Extensions Replacement Cost Boiler & Machinery
 Flood Earthquake Sewer Backup

Photos (inside and outside) of subject risk.

Minimum pictures required are front/back and 2 inside

Attached: Yes No To follow

7. PREVIOUS INSURANCE

Carrier: _____ Policy No: _____ Expiry Date: _____

Has cover been cancelled or declined in the past? Yes No If Yes, why?

8. CLAIMS AND CIRCUMSTANCES

Please provide 5 year claims experience including details of any incidents or events known to the Applicant that may give rise to a claim. (Attach separate sheets as necessary)

DATE	DESCRIPTION	PAID	AMOUNTS OUTSTANDING	EXPENSE	STATUS
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

9. BROKER COMMENTARY

(a) Is this business new to you? Yes No

(b) If a renewal, what is the reason for remarketing?

(c) Have you visited the insured premises? Yes No

If Yes, please consider:

(i) Housekeeping: Good Fair Poor

(ii) Physical condition: Good Fair Poor

(iii) Financial position: Good Fair Poor

(iv) Neighbourhood: Good Fair Poor

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

EMAIL ADDRESS: _____



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