



PROTECTIVE SERVICES LIABILITY
PROPERTY SUPPLEMENTAL

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205
New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

Name & Address of Applicant: [] Corporation [] Co-Partnership [] Individual

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Are there any other Locations to be Insured? [] Yes [] No

If yes, provide full & complete addresses (use separate sheet if necessary): _____

Are your premises : [] Owned [] Leased [] Rented by you (Please Check).

If Owned or Leased, Please advise Landlord\Mortgagees Name & Full Address _____

Please advise Name & Full Address of Lessor or Loss Payee of any Insured Property: _____

Above noted is Loss Payee with Respect to: [] Building(s) [] Equipment [] Other (Please explain) _____

Do you currently have property insurance in place? [] Yes [] No

Insurer: _____ Policy Period From: _____ to _____

Policy Number: _____

Has any insurer declined, cancelled or non-renewed any property insurance in the past 5 years? [] Yes [] No

If yes, provide the insurer and reason given: _____

Occupancy: (Check all that apply): [] Residence [] Office [] Storage\Warehouse [] Retail

Occupancy of immediately adjacent premises: Right _____ Front: _____
Left _____ Behind _____

Protection: Fire Hydrants [] Yes [] No [] Full-time fire department within 5 miles [] Volunteer fire department within 5 miles

Sprinklers [] Yes [] No % Building Sprinklered _____

Extinguishers [] Yes [] No Smoke Detectors [] Yes [] No

Burglar Alarm [] Yes [] No Alarm connected to [] Central station [] Police [] Monitored Alarm

Construction Details: (Use separate sheet for additional locations)

Walls: _____ Floors: _____ Roof: _____ Age of Building: _____

No. of Stories: _____ Heating: _____ Sq. Footage: _____ #of employees: _____

Construction Type: [] Masonry [] Hollow Concrete Brick [] Fire Resistive [] Non-Combustible [] Frame [] Wood

Updates Details: (Confirm year of most recent updates to the following)

Heating: _____ Plumbing: _____ Electrical: _____ Roof: _____

Claims History:

Have you had any Property claims in the past five (5) years? Yes No

If yes, please attach your five (5) year claims experience or complete the following (use separate sheet if more space is needed):

Date of loss	Description of Loss	Reserve	Paid	Expenses	Total	Open\Closed
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

Coverage's:

PLEASE NOTE THAT COVERAGE'S ARE SUBJECT TO A CO-INSURANCE CLAUSE. DO NOT LEAVE BLANKS – USE N/A IF NOT APPLICABLE

PLEASE NOTE YOU SHOULD CONSULT WITH YOUR BROKER ABOUT INCREASING YOUR BUILDING, EQUIPMENT, STOCK & CONTENTS COVERAGE LIMITS EACH YEAR WITH INFLATION COSTS.

COVERAGE	LIMITS		DEDUCTIBLE	SERIAL\MODEL NUMBERS\OTHER DETAILS
Building(s)	\$ (Total - All Locations)	\$ (Per Location)	\$	
Contents (Incl. Tenant Improvements and Computers)	\$		\$	
Equipment	\$		\$	
Stock	\$		\$	
Misc. Property Floater (Separate schedule required for limits in excess of \$10,000) – See Page 3	\$		\$	
Tools (Tool Floater) Schedule required for limits in excess of \$10,000. – See Page 3	\$ (Value-All tools)	\$ (Max. Any one tool)	\$	
Installation Floater – Stock on Job Site (Separate schedule required for limits in excess of \$10,000) – See Page 3	\$ (All Stock to be installed at customer's)	\$ (Max. Any one Unit)	\$	
Laptops (Include Serial\Model Numbers in far right space)	\$ (Value – all Laptops)	\$ (Max. any one Laptop)	\$	
Other (Please describe in far right space or use separate sheet if necessary)	\$		\$	

Declarations:

- Completion of this application, does not bind the insurer to provide the insurance.
- It is agreed, however, that this application shall form the basis of the contract, should the policy be issued by the insurer

I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are the basis upon which an insurance policy may be issued

Signature of Applicant: _____

Title: _____

Date: _____

CONTRACTOR'S EQUIPMENT SCHEDULE PROTECTIVE SERVICES LIABILITY

*****REQUIRED TO BE COMPLETED WHEN CONTRACTOR'S EQUIPMENT FLOATER IS REQUESTED*****

Please provide a schedule of Equipment to be covered under the Contractor's Equipment Floater below (use separate sheet if more space is needed):

Year, Make, Model	Serial Number	ACV Value
		\$
		\$
		\$
		\$
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		\$
		\$
Total Limit:		\$