



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

RECYCLING PLANTS 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.

Business Name
Principal(s)
Mailing Address
Website Address
Loss Payable

# of Years in Business # of Years Experience

Loss Experience (5 years)
Date Reserve Paid Expenses Closed Yes No
Details

Date Reserve Paid Expenses Closed Yes No
Details

Date Reserve Paid Expenses Closed Yes No
Details

Current insurance company on risk

Is renewal being offered? Yes No

If no, explain

Current expiry date? Expiring Premium Renewal Premium

Other markets approached

Additional Comments:



### PROPERTY/CRIME INFORMATION

Risk Location # \_\_\_\_\_ # of years at this location \_\_\_\_\_

Address (if different from page 1 of app) \_\_\_\_\_

**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.**

#### Construction

# of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

**Walls -**  HCB  Frame  Metal Clad  Other - \_\_\_\_\_  
**Roof -**  Concrete  Steel Deck  Wood Joist  Patent  
**Updates -**  Full  Partial Year \_\_\_\_\_

#### Utilities

**Heat**  Gas F/A  Electric  Oil  Other- \_\_\_\_\_  
 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 \_\_\_\_\_

#### Protection

**Fire -** Hydrant within \_\_\_\_\_  Feet  Metres  
Fire hall  Fulltime \_\_\_\_\_ kms  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 \_\_\_\_\_

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

**Housekeeping**  Excellent  Good  Fair  Poor

**Physical Condition**  Excellent  Good  Fair  Poor

**Financial Position**  Excellent  Good  Fair  Poor

**Neighbourhood**  Excellent  Good  Fair  Poor



### LIABILITY INFORMATION

#### Operations

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

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

Any operations conducted at other owned or leased premises?  Yes  No  
 Any installation or repairs performed away from premises?  Yes  No If yes, describe \_\_\_\_\_

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

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

**Brochures**  Attached  To Follow

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

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

### MACHINERY BREAKDOWN INFORMATION

Do you currently carry Machinery Breakdown coverage?  Yes  No

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 # \_\_\_\_\_

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)

How long has building been vacant or unoccupied? \_\_\_\_\_ Expected term of vacancy/unoccupancy \_\_\_\_\_

Reason for vacancy/unoccupancy \_\_\_\_\_

Has the electricity been disconnected?  Yes  No

Please advise how far detached from adjacent building(s) \_\_\_\_\_

Are any adjacent buildings vacant or unoccupied?  Yes  No

Is anyone visiting premises on a regular basis?  Yes  No

If so, who? \_\_\_\_\_ How often? \_\_\_\_\_

Is this vacancy or unoccupancy seasonal?  Yes  No

Are all doors and windows securely closed and locked?  Yes  No

Is all rubbish removed from within and about the building(s) and premises?  Yes  No

Is the grass cut and all bushes, etc. cleared around all buildings?  Yes  No

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

Term \_\_\_\_\_ Is premises occupied during renovation?  Yes  No

Who is undertaking renovations?  Applicant If Applicant, please advise experience \_\_\_\_\_

Contractor If Contractor, do they have a CGL in effect?  Yes  No

Is applicant financially sound?  Yes  No Provide details of mortgage amounts, other businesses, etc. \_\_\_\_\_

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

Number of rooms rented \_\_\_\_\_ Number of apartments rented \_\_\_\_\_

Does the owner live on premises?  Yes  No Does a superintendent live on premises?  Yes  No

Are there any adjacent buildings?  Yes  No How far detached? \_\_\_\_\_

Is each floor equipped with a) Fire Alarms  Yes  No b) Smoke Detectors  Yes  No

c) Fire Extinguishers  Yes  No

Does the owner allow cooking in rooms?  Yes  No

If yes, please confirm type of cooking units  Hot Plate  Conventional Stove  Common Kitchen

Are the tenants:  Students  Tourists  Other \_\_\_\_\_

Rooms rented:  Daily  Weekly  Monthly  Annually

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

Does the operation include a) deep frying  Yes  No b) grilling  Yes  No

Is the kitchen equipped with an automatic extinguishing system?  Yes  No The system is  Dry  Wet

Does the system cover the entire grilling/deep frying surface?  Yes  No

Is there a 6 month maintenance agreement in place with a certified service provider?  Yes  No

Fire Extinguishers # \_\_\_\_\_ Type  ABC  K (restaurants)  \_\_\_\_\_ Size \_\_\_\_\_ lbs

Receipts Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**APPLICANT DECLARATION**

**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.**

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



### BROKER INFORMATION

Is this account NEW to your office?  Yes  No

If no, how long have you known the applicant? \_\_\_\_\_

Do you handle other insurance for the Applicant?  Yes  No

Is the operation financially sound?  Yes  No

Did you receive the order direct from the Applicant?  Yes  No

Do you recommend this applicant in every respect?  Yes  No

Other markets approached \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Signatures

\_\_\_\_\_  
(Signature of Insured)

\_\_\_\_\_  
(Position in Organization)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Broker)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
**Name of Insurance Brokerage**

\_\_\_\_\_  
**Complete address of Insurance Brokerage**

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



### COVERAGES AND LIMITS

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

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

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

**Limits**

Building #1 \_\_\_\_\_  
 Contents \_\_\_\_\_  
 Stock \_\_\_\_\_  
 Equipment \_\_\_\_\_  
 Gross Earnings \_\_\_\_\_  
 Profits \_\_\_\_\_  
 Extra Expense \_\_\_\_\_  
 Rental Income \_\_\_\_\_

### SECTION II - CRIME

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

Inside/Outside Robbery \_\_\_\_\_  
 Burglary Damage to Buildings \_\_\_\_\_  
 Mercantile Stock Burglary \_\_\_\_\_  
 Money & Securities (BF) \_\_\_\_\_  
 Safe Burglary \_\_\_\_\_

### SECTION III - LIABILITY

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

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

**Form**       Occurrence                       Claims Made

**Limit**

Owner's, Landlords & Tenants \_\_\_\_\_  
 Commercial General \_\_\_\_\_  
 Tenants Legal Liability \_\_\_\_\_

### SECTION IV - GLASS

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

### SECTION V - MULTI-PERIL

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

**Limit**

Accounts Receivable \_\_\_\_\_  
 Contractor's Equipment Form \_\_\_\_\_  
 EDP                      Hardware \_\_\_\_\_ Media \_\_\_\_\_ Extra Exp \_\_\_\_\_  
 Office Equipment Floater \_\_\_\_\_  
 Signs \_\_\_\_\_  
 Tool Floater \_\_\_\_\_  
 Valuable Papers \_\_\_\_\_

### SECTION VI - MACHINERY BREAKDOWN

Property Damage \_\_\_\_\_  
 Business Interruption \_\_\_\_\_ (if provided in Section 1 above)  
 Consequential Damage                      \$5,000                      (if provided in Section 1 above)