

## COMMERCIAL MULTIPLE PERIL APPLICATION

Applicant's Name (Legal and Operating):	Broker:
Risk Location:	Broker Code:
Principal's Name: Contact Number:	Branch:
Mortgagee Name and Address:	Policy Period:        to        (12:01 AM)

### Applicant Data- Occupancy

Description of Operations (Attach financials, company/ product brochures and other related information)

Business Start Date:	Business Experience: # of Years:
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### Loss and Policy History

Previous *claims* in the past 5 years?  Yes,  No Describe:

Previous Insurer:	Policy #:
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Has any insurer *cancelled, declined or refused* to renew Commercial Insurance in the past 5 years?  Yes,  No

Supporting Business: Policy #:	Company:
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### Construction Details

Wall Construction	<input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Hollow Concrete Block <input type="checkbox"/> Metal Clad- Steel Frame	<input type="checkbox"/> Solid Brick Masonry <input type="checkbox"/> Wood Frame
Roof Construction	<input type="checkbox"/> Concrete Joist <input type="checkbox"/> Heavy Timbers <input type="checkbox"/> Wood Joist	<input type="checkbox"/> Steel Deck <input type="checkbox"/> Open Steel System, Corrugated Metal, Steel Trusses <input type="checkbox"/> Open Wood, Corrugated Metal	
Year Built:	If building over 25 years, have updates been carried out <input type="checkbox"/> Yes, <input type="checkbox"/> No		
<b>Renovation Dates:</b>	Roof:	Heating:	Electrical:        Plumbing:
Hydrant Protected?	Distance to Fire hall:        kms        miles		
Smoke Detectors: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Alarm System: Fire: <input type="checkbox"/>	Burglary: <input type="checkbox"/>	Monitored 24 Hr: <input type="checkbox"/>
Sprinklers: <input type="checkbox"/> Yes, <input type="checkbox"/> No	CO2 System: <input type="checkbox"/> Yes, <input type="checkbox"/> No	If yes: <input type="checkbox"/> Wet Chemical, <input type="checkbox"/> Dry Chemical	
Total Area of Business (Including Basement):	sq. m	sq. ft	
Area Occupied by Insured:	sq. m	sq. ft	
# of Stories (excluding basement)	Basement: <input type="checkbox"/> Yes, <input type="checkbox"/> No		
<b>Type of Heating:</b> Primary:	Secondary:		
<b>Type of Electrical System:</b>	<input type="checkbox"/> Breakers <input type="checkbox"/> Fuses		

**Coverages**

Coverages	All Risk	NP	Ded.	Coins %	Amount of Insurance	Rate	Premium
<b>Property</b>							
Building	<input type="checkbox"/>	<input type="checkbox"/>					
Equipment	<input type="checkbox"/>	<input type="checkbox"/>					
Stock	<input type="checkbox"/>	<input type="checkbox"/>					
Contents	<input type="checkbox"/>	<input type="checkbox"/>					
Office Floater	<input type="checkbox"/>	<input type="checkbox"/>					
Builder's Risk	<input type="checkbox"/>	<input type="checkbox"/>					
Contractors Equip	<input type="checkbox"/>	<input type="checkbox"/>					
Computer Rider	<input type="checkbox"/>	<input type="checkbox"/>					
Cargo	<input type="checkbox"/>	<input type="checkbox"/>					
Other	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Extensions of Coverage</b>							
Inflation Protection	<input type="checkbox"/>		Flood	<input type="checkbox"/>			
Peak Season	<input type="checkbox"/>		Sewer Backup	<input type="checkbox"/>			
Earthquake	<input type="checkbox"/>		Replacement Cost	<input type="checkbox"/>			
<b>Business Interruption</b>							
Actual Losses	<input type="checkbox"/>						
Gross Earnings	<input type="checkbox"/>						
Profits	<input type="checkbox"/>						
<b>Boiler and Machinery</b>							
Equipment Breakdown	<input type="checkbox"/>		Option 2	<input type="checkbox"/>			
Option 1	<input type="checkbox"/>		Option 3	<input type="checkbox"/>			
<b>Crime</b>							
Broad Form Money and Securities			<input type="checkbox"/>				
Inside and Outside Paymaster Robbery			<input type="checkbox"/>				
Money Orders and Counterfeit Currency			<input type="checkbox"/>				
Depositors Forgery			<input type="checkbox"/>				
Employee Dishonesty	Form A: <input type="checkbox"/>		Form B: <input type="checkbox"/>				
<b>Liability</b>							
Liability (occurrence) Limit: \$			Prop/ Ops Aggregate: \$				
BI & PD Deductible: \$			Medical Payment: \$				
Tenants Legal Liability: \$			Premises only: <input type="checkbox"/> Yes, <input type="checkbox"/> No				
Personal Injury: \$			Prod/ Comp Ops: <input type="checkbox"/> Yes, <input type="checkbox"/> No				
Non Owned Automobile: \$			Annual Revenue: \$				
Other: \$							
<b>M.R.P: \$</b>						<b>Total Premium: \$</b>	

**Notes:**
**Signed by:**
**Date:**
**NOTE: Please attach a photo or EMAIL a photo of the RISK**