

## SPECIALTY PROPERTY APPLICATION

Applicant's Name (Legal and Operating):	Broker:	Policy Period: to (12:01 AM)
Applicant's Address:	Occupancy: Applicant <input type="checkbox"/> Yes, <input type="checkbox"/> No	
	Other Occupants: <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Location of Insured's Property, Same as home <input type="checkbox"/>	How Long in Business:	

### Construction Details

Walls:	Number of apartments:	Electrical: <input type="checkbox"/> Fuses, <input type="checkbox"/> Breakers	
Roof:	Interior Finish:	Hydrant Protected? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Storeys (excluding basement):	Auto Sprinklers: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Fire hall? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Basement: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Automatic CO2: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Distance from building(km):	
Heating:	Number of Extinguishers:	Alarm system: Fire <input type="checkbox"/> Name:	
Year Built:	Smoke Detectors <input type="checkbox"/> Yes, <input type="checkbox"/> No		
Area of building:	Vault <input type="checkbox"/> or Safe <input type="checkbox"/> Its name (class):	Alarm system: Burglary <input type="checkbox"/> Name:	
<b>Updates:</b> Roof: Heating: Electrical: Plumbing:			

### Loss and Policy History

Previous <i>claims</i> in the past 5 years? <input type="checkbox"/> Yes, <input type="checkbox"/> No Describe:	
Previous Insurer:	Policy #:
Has any insurer <i>cancelled, declined or refused</i> to renew Commercial Insurance in the past 5 years? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Supporting Business: Policy #:	Company:
Mortgagee Name:	
Address:	

### Coverages

Co Form	Coverages	NP	Deductible (\$)	Coins %	Amount of Insurance (\$)	Rate (\$)	Premium (\$)
	Building	NP					
	Equipment	NP					
	Stock	NP					
	Contents (E&S)	NP					
	Rental Income	N/A					
	Premises Liability	N/A	\$1000 BI&PD Ded.	N/A			

M.R.P: \$

Total Premium: \$

**NOTE: Please Attach or Email a Photo of ALL Buildings**

**NOTE: Tenant Restriction Endorsement Applies to Rental Properties**

Signature:

Date: