

| Submitting Broker, please complete the following to assist us in processing this submission: | | |
|--|----------------|------------------------|
| Name of Brokerage: | | |
| Name of Broker Contact: | | |
| Brokerage Address: | City | Postal Code: |
| For renewal purposes only: | Policy Number: | ISN (Client's Number): |

| THE APPLICANT | |
|--|----------------------|
| 1. Name of Organization or Legal Entity (Applicant Company) including any subsidiaries: (Please show the complete name as you wish it to appear on the policy.) | |
| 2. Address (not PO Box): | |
| 3. Website: | |
| 4. Number of years at this location: | |
| 5. Number of years in business: | |
| 6. Nature of Operation: | |
| 7. (a) Name of Previous Carrier: | |
| (b) Expiry Date: | Expiring Premium: \$ |

| LOCATION INFORMATION (COMPLETE FOR EACH LOCATION COVERED) | | | |
|---|---|--|---|
| 8. Location: | Same as above noted | Other: | |
| 9. (a) Is the building owned by the Applicant? | | Yes | No |
| (b) Area occupied by the Applicant: | | | |
| (c) Number of storeys: | Year Built: | | |
| 10. Please indicate the following: | | | |
| (a) Wall Construction: | Frame Steel Other: | Brick and Wood Frame Insulated Metal Panels | Masonry Exterior Insulation and Finish Systems |
| (b) Roof Construction: | Wood Joist Plank on Timber | Steel Deck Concrete on Steel | Reinforced Concrete Other: |
| (c) Floor Construction: | Wood Joist Concrete on Steel | Reinforced Concrete Other: | Plank on Timber |
| (d) Dates and Extents of Updates: | (i) Roof: (ii) Wiring: (iii) Plumbing: (iv) Heating: | | |
| (e) Number of storeys that are occupied: | | | |
| (f) Total square footage of occupied space: | | | |
| 11. Adjacent Exposing Occupancies | | | |
| North: | | East: | |
| South: | | West: | |
| 12. (a) Fire Protection: | Hydrant within 300 metres | Fire Station within 5 km | Unprotected (no hydrants) |
| (b) Fire Department: | Full time | Composite | Volunteer |
| (c) Fire Alarm: | None | Local | Central Station |
| (d) Sprinklers: | None Partial % | Located in: | Yes 100% |
| (e) Burglar Alarm: | None Local | Central Station | Other: |

| | | |
|---|-----|----|
| 13. Are all doors equipped with double cylinder deadbolt locks? | Yes | No |
| If no, please describe protection: | | |
| 14. Loss Payee(s) and Mailing Address: | | |
| 15. Mortgagees: | | |

| Coverages, Limits and Notes | | | |
|---|------------|------------|------------|
| 16. | Location 1 | Location 2 | Location 3 |
| Property Values | Limit: | Limit: | Limit: |
| Building | | | |
| Equipment | | | |
| Stock | | | |
| Tenants' Improvements | | | |
| Office Contents | | | |
| Miscellaneous Tools | | | |
| Contractor's Equipment | | | |
| Unscheduled Contractor's Equipment | | | |
| EDP Equipment | | | |
| EDP Data Media | | | |
| Customer Goods | | | |
| Property of Others | | | |
| Transit | | | |
| Extra Expense | | | |
| Profits | | | |
| Rents | | | |
| Other (please specify): _____ | | | |
| Note: If more than three locations, please attach a separate sheet (copy this page to add the additional information). | | | |

| | | | |
|--|---|--------|-------------|
| 17. | Crime | Limit: | Deductible: |
| | Employee Dishonesty | | |
| | Loss Inside the Premises | | |
| | Loss Outside the Premises | | |
| | Money Orders and Counterfeit Currency | | |
| | Depositors Forgery | | |
| | Lessees Safe Deposit Box Burglary and Robbery | | |
| 18. (a) Total Number of Class 1 Employees: (b) Total Number of Employees: | | | |
| (Class 1 Employee refers to all officers and employees who, as part of their regular duties, handle, have custody of or maintain records of money, securities and other property.) | | | |
| 19. Are all doors equipped with double cylinder deadbolt locks? | | | YES NO |
| 20. (a) What type of alarms do you have at each of your locations? Hold-Up Alarm Local Alarm Premises Alarm Central Station Monitored Alarm Safe Alarm | | | |
| (b) If alarms differ from location to location, please specify: | | | |
| (c) Who installs and services your alarms? | | | |

Please attach a copy of your alarm certificate to this application.

21. Internal Controls

(a) Are your systems designed so that no one employee can control a transaction from beginning to end (e.g., approve an invoice, request and sign a cheque)? YES NO

(b) Are bank accounts reconciled by someone not authorized to deposit or withdraw? YES NO

(c) Is countersignature of all cheques required? YES NO

If yes, above what amount? \$

If no, please explain:

(d) Are accounts receivable randomly verified by direct contact with customers? YES NO

22. Unique/Significant Exposures

Indicate if you have or perform any of the following (check all that apply):

| | |
|------------------------------|--|
| Precious metals or gemstones | Narcotics |
| Managed assets of others | Computer chips |
| Warehousing operations | Proprietary trading activity |
| Valuable collections | Care, custody and control of client's property |

If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss:

23. Flood? YES NO

24. Earthquake? YES NO

EQUIPMENT BREAKDOWN

25. (a) Boiler type (if any): Hot Water Steam

(b) How many boilers are at the insured location?

(c) Is there a maintenance contract in force? YES NO

26. Air Conditioning:

(a) Central air conditioning? YES NO

(b) If yes how many units: Horsepower of each unit: Tons of each unit:

(c) How many compressors are at the insured location?

(d) Horsepower of each compressor:

27. Pressure Vessels

(a) Are there any other pressure vessels? YES NO

If yes, are any over 24 inches in diameter? YES NO

(b) How many pressure vessels are at the insured location?

(c) Is there a preventative maintenance contract in force for insured's equipment? YES NO

28.(a) Is spoilage coverage of perishable products required? YES NO

(b) Are perishable products monitored by a central station for compressor breakdown? YES NO

29. (a) Are automatic, self-starting, non-electrical, backup power units providing a minimum of six-hour power supply operational? YES NO

(b) Is there transient voltage surge suppression?

Yes, at main panel Yes, at each individual refrigeration unit None

30. Is there any specialty equipment which would take longer than three months to replace? YES NO

If yes, please provide details and time element to replace and install:

CLAIMS INFORMATION ALL PROPERTY, CRIME AND BOILER AND MACHINERY

19. Claims experience for the past five years (please provide a description, date and amount of loss):

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Aurora Underwriting Solutions Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Aurora Underwriting Solutions Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Aurora's privacy policy, please contact info@auroraunderwriting.ca.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued, and this form will become part of the policy.

Name of Applicant (please print)

Signature of Applicant

Date (dd/mm/yyyy)