

COMMERCIAL PROPERTY APPLICATION



BROKER INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Is this account new to your office? Yes No If No, how long have you known the applicant? _____

GENERAL INFORMATION

Name of Applicant (Full Legal Name): _____

Name of Principal(s): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Full description of Business Operations: _____

Website Address: _____

Year Business Established: _____ Experience of Principals/Partners: _____

Total Number of Employees: _____ # Full Time Employees: _____ # Part Time Employees: _____

Gross Receipts: _____ Any USA Sales? Yes No If Yes: _____ %

Effective Date: _____ Target Premium: \$ _____ Previous Insurer: _____

Has any Insurer cancelled, declined or refused the applicant coverage? Yes No

If Yes, please provide details: _____

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied. Also describe what actions the applicant has taken to prevent similar losses from occurring again. _____

PROPERTY UNDERWRITING INFORMATION

Select the distance between the building and the nearest Municipal Fire Hydrant:

Within 500 feet Between 500 and 1000 feet Over 1000 feet

Distance to the Nearest Fire Hall: _____

Select the Construction Class, which best describes the building:

- Fire Resistive (Walls, floors, roof and supports of solid concrete)
- Masonry, Non-Combustible (Walls of masonry; floors and roof of masonry or engineered non-combustible materials, supported by protected steel)
- Non-Combustible (Walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)
- Masonry (including Mill) (Walls of greater than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal)
- Masonry Veneer (Walls of less than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)
- Frame (Walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material)
- Other _____

Year built: _____ If over 30 years old, provide details of updates:

Electrical: Year _____ Full Partial Plumbing: Year _____ Full Partial

Heating: Year _____ Full Partial Roof: Year _____ Full Partial

Other Occupancies: _____

Adjacent Exposures: _____

Number of stories: _____ Heating type: _____ General Housekeeping: _____

Total Building Sq ft: _____ Applicant's Sq ft: _____ Building Sprinklered? Yes _____% No

Is any portion of this building Vacant? Yes No Is any portion of this building under renovation? Yes No

If yes, please explain: _____

Burglary Alarm System: Monitored Local None

Is the monitoring company ULC Approved? Yes No

Does the building have a ULC Automatic Fire Extinguishing system (if applicable)? Yes No

Has the system been independently tested within the past 12 months (if applicable)? Yes No

Dust Collection System (if applicable)? Yes No

Approved spray booth (if applicable)? Yes No

Are there any flammable / combustible liquids on the premises? Yes No

If yes, how much and how are they stored? _____

Miscellaneous Information: _____

CRIME UNDERWRITING INFORMATION (IF APPLICABLE)

How many employees routinely handle money? _____ Is there a safe on the premises? Yes No

If yes, is it ULC approved and what class? _____

Does the applicant make daily deposits to the bank? Yes No

COVERAGE REQUIREMENTS (PER LOCATION)

Property and Business Interruption Coverages	Deductible	Amount of Insurance
Building:		
Equipment including Tenants Improvements:		
Stock:		
Transit:		
Business Interruption (Profits):		
Business Interruption (Gross Earnings)		
Business Interruption (Actual Loss Sustained)		
Rent or Rental Value:		
Extra Expense:		
Office Contents:		
Computer (Hardware/Software)		
Contractors Equipment Floater (Attached Schedule)		
Tool Floater:		
Other:		

Please explain _____

Crime Coverages	Deductible	Amount of Insurance
Commercial Blanket Bond:		
Broad Form Money and Securities:		
Money Orders and Counterfeit Paper Currency:		
Depositors Forgery:		

Optional Coverage: (Select any of the following optional coverages you require)

- Sewer Backup: Deductible: \$ _____ Replacement Cost Property Extension
- Flood Deductible: \$ _____ Stated Amount Co-Insurance
- Earthquake Deductible: _____ By-Laws

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

1. An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The Insured contravenes a term of the Contract or commits a fraud; or
3. the Insured willfully makes a false statement in respect of a claim under the contract.

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.

Applicants Signature: _____ **Position:** _____

Please Print Name: _____ **Date:** _____