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COMMERCIAL BUSINESS INSURANCE APPLICATION FORM

SECTION 1: BASIC INFORMATION

Name of Applicant:		Broker:
Mailing Address:		
Risk Location:		
Principal of Applicant:		Website Address:
Telephone:	Contact Person:	Date of Incorporation:
Period of Insurance: From:	To:	at 12.01 a.m. Standard Time
Loss Payee(s) if any:		
Additional Insured:		

SECTION 2: UNDERWRITING INFORMATION

Applicant's Occupancy & Operation:		
Other Occupancies in the Building:		
Number of Years in Business:	Number of Years of Experience:	At Current Location:
Number of Employees:	Estimated Annual Wages: \$	
Previous Losses (5 Years):	Yes	No
If yes, please describe:		
Claim Details	Claim Date	Paid Out / Reserve Amount
Are you aware of any incidents that may result in a claim? Yes No		
If yes, please describe:		
Previous Insurer:	Policy No:	Expiry Date:
Expiry Premium: \$	Target Premium: \$	
Has any Insurer cancelled, declined or refused to renew insurance during the past 5 years: Yes No		
If yes, please describe:		
Other information:		

SECTION 3: PROPERTY DETAILS

No. of Stories:		Area: Sq. Ft		Age/Year Built:	
Construction: Wall:		Floor:		Roof:	
Heating:	Electrical:	Plumbing:	Sprinklered: Yes % No		
Renovation Upgrade:	Electrical:	Year completed:	Full	Partial	%
	Plumbing:	Year completed:	Full	Partial	%
	Heating:	Year completed:	Full	Partial	%
	Roof:	Year completed:	Full	Partial	%
Extinguishers: Yes No	Smoke Detectors: Yes No	Fire Alarm: None Local Monitored by:			
Burglary Alarm: None Local Monitored If monitored, by whom:					
Bars on Windows: Yes No	Deadbolt on Doors: Yes No	Perimeter Lighting: Yes No	3 rd Party Security: Yes No		
Public Fire Protection:	Within 300M of Hydrants: Yes No	Within 8Km of Fire Hall: Yes No			

SECTION 4: LIABILITY SURVEY OF HAZARDS

Full Name of All Insureds:		
Location of Premises	Fully describe operations at each location	Gross Annual Revenue: CAD
Are any of the above premises leased or rented in their entirety to others who control and operate the premises?		
For Building Owners: <ul style="list-style-type: none"> - How many tenants in each building? _____ - Are they commercial tenants or residential tenants? Commercial or Residential or Both - Do you require tenants to carry liability insurance and provide you a certificate? - Names of commercial tenants: 		Yes No
Snow Removal: <ul style="list-style-type: none"> - Who is responsible for snow removal? Tenants or Building Owner - Is the snow removal done by third party? - Is there a written contract for snow removal in place? If yes, do you include a Hold Harmless clause in your favour? Submit a copy of usual form.		Yes No Yes No
Cost of Work Sub-Let: <ul style="list-style-type: none"> - Are sub-contractors required to carry liability insurance? - Do you ask sub-contractors to submit liability certificates? - Do you enter into formal contractual agreements with your sub-contractor? If yes, do you include a Hold Harmless clause in your favour? Submit a copy of usual form.		Yes No Yes No Yes No Yes No
Tenants Legal Liability <ul style="list-style-type: none"> - Location of Premises: - Amount to be Insured: - Is there a lease agreement? (If yes, obtain copy) 		Yes No
Other information:		

SECTION 5: COVERAGES AND LIMITS

COVERAGES	AMOUNT / LIMIT	COVERAGES	AMOUNT / LIMIT
PROPERTY			
Building	\$	Other (Specify)	\$
Contents	\$		\$
Equipment	\$		\$
Stock	\$		\$
Broad Form Yes No	RC (Except Stock) Yes No		Deductible: \$
Limited Form Yes No	ACV Yes No		Others:

BUSINESS INTERRUPTION			
Gross Earnings Form		Other (Specify)	
Rental Value Form			
Deductible: \$			

BOILER	\$		Deductible: \$
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CRIME			
In/Out Robbery	\$	Other (Specify)	\$
Damage to Premises	\$		\$
Deductible: \$			

LIABILITY			
Comprehensive General Liability	\$	Other (Specify)	\$
Tenants Legal Liability	\$		\$
Products Completed Operation	\$		\$
Non-owned Automobile	\$		\$
Owners', Landlords' & Tenants' Liability	\$		\$
Deductible: \$			

Broker Questionnaire: Is this Business new to your office? Yes No
If no, how long have you known the applicant?
Have you seen this property? Yes No If yes, when? Condition?

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims

history. I authorize my broker, Towerhill, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.
THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

Date:	Signature of Broker:	Signature of Applicant:
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