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**COMMERCIAL PROPERTY AND LIABILITY APPLICATION**

**BROKERAGE:**

Broker contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**INSURED:**     Individual     Partnership     Corporation     Joint Venture

Full Legal Name of Applicant: \_\_\_\_\_  
 Operating Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Risk Location: \_\_\_\_\_  
 Principal Owner(s): \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Has the principal or any active partner filed for bankruptcy?     Yes     No    If yes, provide details: \_\_\_\_\_

Insured is:     Owner     Tenant    Landlord's Name & Address: \_\_\_\_\_

Is the landlord to be added as an additional Insured on binding?     Yes     No

Loss Payee / Mortgagee / Additional Insured (including name & address):  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

**INSURANCE EXPERIENCE:**     New Business     Renewal

Existing Insurer: \_\_\_\_\_ Target Premium Required: \_\_\_\_\_  
 Renewal Offered:  Yes     No    If not, why? \_\_\_\_\_  
 Have you had any insurance refused or cancelled within the past 5 years?     Yes     No  
 If yes, please explain: \_\_\_\_\_

**LIST OF ALL LOSSES OR CLAIMS (Whether or not Insured – Sustained during Past 5 Years on all operations):**

Date of Loss	Details of Loss	Amount Paid/Reserve	Open/Closed

Describe any insured and uninsured losses which have occurred in the past 5 years and state the date, type and value of each loss before the deductible (if any) was applied:

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?

**COVERAGE REQUESTED**

**Section 1 – Property**

**Section 2 – Crime**

**Section 3 – Commercial General Liability**

**Section 4 – Boiler**

**GENERAL INFORMATION:**

**Operations:**

Number of Years in Business: \_\_\_\_\_ Number of Years Experience: \_\_\_\_\_

Describe in detail the nature of operations: \_\_\_\_\_

**SECTION 1 - PROPERTY**

**Location #1**

Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Are you responsible for building insurance? Yes No

Total Area: \_\_\_\_\_ sq ft Area Occupied By Applicant: \_\_\_\_\_ sq ft Occupies Basement? Yes No

Adjacent Exposure: \_\_\_\_\_

Occupied by Applicant as: \_\_\_\_\_ Occupied by Other as: \_\_\_\_\_

Any portion of this building: Vacant or Unoccupied? Yes No Under Renovation? Yes No

If yes, please explain: \_\_\_\_\_

Structure Type: Industrial Plaza Strip Plaza Stand-Alone Building Commercial/Residential  
Commercial Condo Other: \_\_\_\_\_

Walls: Frame Brick Veneer Masonry HBC Non-Combustible  
Stucco Alum. Siding Fire Resistive Others: \_\_\_\_\_

Floor: Concrete Wood Joist Wood Others: \_\_\_\_\_

Roof: Wood Joist Steel Deck Concrete Patent Others: \_\_\_\_\_

Heating: Gas Electric Oil Combination Furnace Wood Stove Others: \_\_\_\_\_

Electrical: Fuses: \_\_\_\_\_ Circuit Breakers: \_\_\_\_\_

Year Updated: Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_

Fire Protection: Fire hydrant within 300 metres/1000 feet Fire Hall within 8km Unprotected

Paid Volunteer Distance to Responding Fire Department: \_\_\_\_\_

Sprinklers: Yes \_\_\_\_\_% No Smoke Detectors: Yes No

Dust Collection System: Yes No Approved Spray Booth: Yes No

Does the building have a ULC Automatic Fire Extinguishing System? Yes No

Has the system been independently tested within the last 12 months? Yes No

Do you have any flammable/combustible liquids on premises? Yes No If yes, how much: \_\_\_\_\_

On premises and how is it stored: \_\_\_\_\_

Miscellaneous Information: \_\_\_\_\_

**Note: If more than one building/location, please provide separate schedule.**

**SECTION 2 – CRIME**

Burglar Alarm:  Central Station Monitored  Local  None  
 Percentage of Premises Alarmed: \_\_\_\_\_ %  
 CCTV in place:  Yes  No Number of Cameras: Inside: \_\_\_\_\_ Outside: \_\_\_\_\_  
 If yes, do you retain copies of these tapes for future use? \_\_\_\_\_  
 Monitoring Company: \_\_\_\_\_ Percentage protected: \_\_\_\_\_ %  
 Dedicated line:  Yes  No Connected for fire detection:  Yes  No  
 Are metal bars on all windows & doors?  Yes  No Are all doors fitted with deadbolts?  Yes  No  
 Other Security Features: \_\_\_\_\_  
 How many employees do you have on payroll? \_\_\_\_\_ How many would handle money? \_\_\_\_\_  
 Do you have a Class II Safe on Premises?  Yes  No Do you make daily deposits the bank?  Yes  No

**SECTION 3 – COMMERCIAL GENERAL LIABILITY**

Full Description of Business Operations: \_\_\_\_\_  
 Number of years business established: \_\_\_\_\_ Experience of Principal/Partners: \_\_\_\_\_  
 Total number of employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Are all of the employees covered by Worker's Compensations?  Yes  No Estimated Payroll: \_\_\_\_\_  
 If no, please provide details: \_\_\_\_\_

**GROSS RECEIPTS DECLARATION:**

Type of Goods Sold and/or Nature of Services	Annual Gross Receipt	Projected Gross Receipt
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total Receipts:</b>	\$	\$

Receipts Split: Canada: \_\_\_\_\_ USA: \_\_\_\_\_ Other: \_\_\_\_\_  
 Any U.S. Sales?  Yes  No If yes, percentage breakdown of Gross Receipts in relation to each of their operations:  
 \_\_\_\_\_  
 Any operations performed outside of Canada?  Yes  No If yes, explain: \_\_\_\_\_  
 Any off-premises exposure?  Yes  No If yes, explanation and percentage required: \_\_\_\_\_  
 Cost and description of any sublet operations: \_\_\_\_\_  
 Confirm Professional Liability is in place: \_\_\_\_\_

Does applicant manufacture the complete product? Yes No

If no, what component parts are purchased by the applicant? \_\_\_\_\_

Does the applicant assemble the product? Yes No

Does the applicant maintain and/or service the products? Yes No If so, state receipts from source: \$ \_\_\_\_\_

Do any of applicant's products require mixing, blending, altering, repacking or relabelling by others? Yes No

If yes, state details: \_\_\_\_\_

Are any of applicant's products inflammable or explosive? Yes No

If yes, state details: \_\_\_\_\_

Are any of applicant's products toxic or poisonous either by themselves or in combination with other materials? Yes No

If yes, state details: \_\_\_\_\_

Do any of these products applicant now sells or ever has sold contain asbestos? Yes No

If yes, state details: \_\_\_\_\_

Does applicant issue guarantees and/or warranties to purchasers? Yes No

If yes, state details: \_\_\_\_\_

Does applicant agree to hold both dealers or distributors or suppliers harmless against claims or suits for personal injury or property damage in connection with applicant's products? Yes No

Is product accompanied by any brochures, instructions, or other written statements? Yes No

Are Annual Reports and/or product brochures available? Yes No If yes, please attach.

Does applicant maintain quality control procedures? Yes No If yes, give brief outline of such procedures: \_\_\_\_\_

Does applicant maintain complete inventory records, shipment records and/or delivery records to consignees and are serial a/o batch numbers shown on the finished product and on shipment invoices? Yes No

Can the date of manufacture of each product be identified by factory number stamped on it? Yes No

Has applicant ever recalled any products for any reason or been ordered to do so by any Government Authority? Yes No

If yes, state details: \_\_\_\_\_

Have any products been withdrawn or discontinued during the past five years? Yes No

If yes, state details: \_\_\_\_\_

What will be the end use of these products? Yes No

**Elevators (Owner or for which you are responsible by lease agreement):**

Location: \_\_\_\_\_

Number: \_\_\_\_\_ Type (passenger and/or freight): \_\_\_\_\_

**Independent Contractors (give estimated cost of work given to independent contractors):**

As owner of building, repair and maintenance: \_\_\_\_\_

As a General Contractor or contractor: \_\_\_\_\_

Others (Describe): \_\_\_\_\_

**Contractual Liability:**

Railway sidings, crossings or right of ways:

Give Name of Railway Company: \_\_\_\_\_

Location(s): \_\_\_\_\_

Other agreements whereby liability is assumed (Submit Copies of Agreements):

Give Nature: \_\_\_\_\_

**Special Premises or Operations Hazards (give description on separate sheet if necessary):**

**Watercraft:** Owned or Chartered: \_\_\_\_\_ Type (Make/Model etc): \_\_\_\_\_  
Number of Watercraft: \_\_\_\_\_ Length: \_\_\_\_\_ Horsepower: \_\_\_\_\_

**Private Docks or Wharfs:** Number: \_\_\_\_\_

Location : \_\_\_\_\_

**Swimming Pool, Saunas, Gym & Other Recreational or Athletic Facility:** Number: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Size and Depth of Pool: \_\_\_\_\_

**Private Road:** Number: \_\_\_\_\_ Mileage: \_\_\_\_\_

Location: \_\_\_\_\_

**Mechanical Truck Loading or Unloading Facilities:**

Describe: \_\_\_\_\_

**Radioactive Material:**

Nature: \_\_\_\_\_

Use: \_\_\_\_\_

**Number of Aircraft Leased or Chartered During the year:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**Give description and location of any dams, water stave lines, private railroads:**

Does the applicant engage in any of the following operations?

- |                             |  |                                |  |
|-----------------------------|--|--------------------------------|--|
| Airport Premises            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insulation (Install/Remove)    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bridge Work                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Caisson Work                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demolition or Wrecking      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Drilling                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Excavation – Depth          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Gases                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Propane Work                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Blasting                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ship or Docks               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Asbestos                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spraying (Paint)            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Roofing Work                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spraying (Pressure Washing) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Liquified Petroleum            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Moving Structures           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shoring/Tunneling/Underpinning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Welding (Off Premises)      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Natural Gas                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Welding (On Premises)       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spraying (Pesticides)          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Raising Structures          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Radioactive materials          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chemicals                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Swimming Pool Work             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cranes                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pile Driving                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Describe in detail: \_\_\_\_\_

**SECTION 4 – BOILER INSURANCE/MECHANICAL BREAKDOWN**

Is the coverage required? Yes No

**LIMITS OF INSURANCE**

Coverage:– <input type="checkbox"/> Broad Form <input type="checkbox"/> Named Perils	Deductible	Co-Ins	Limit of Insurance
Building(s) <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Stock <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Equipment <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Electronic Equipment		80%/90%	\$
Office Equipment		80%/90%	\$
EDP Equipment Floater			\$
Profits		100%	\$
Gross Earnings		100%	\$
Rental Income Form		100%	\$
Extra Expense			\$
Detached Sign		100%	\$
Blanket Glass	\$500	-	\$ Blanket
Employee Dishonesty		-	\$
Interior, Messenger and Paymaster Robbery			\$
Broad Form Money and Securities (overnight coverage is limited to \$250 subject to a ULC/CSA approved minimum Class II Safe or better)		-	\$
Safe Burglary (ULC/CSA approved minimum Class II Safe or better)		-	\$
Liability – Occurrence Form <input type="checkbox"/> CGL <input type="checkbox"/> OLT		-	\$
Tenants Legal Liability			
Medical Payments	\$2,500	-	\$ 10,000 Per Person \$ 10,000 Per Occurrence
Personal Injury	\$2,500	-	\$1,000,000
Non-Owned Automobile – SPF #6		-	\$
Boiler Insurance	\$2,500	80%/90%	\$
Mechanical Breakdown	\$2,500	80%/90%	\$
Other Coverage			

**BROKER DECLARATION**

Is this account NEW to your office? Yes No If no, how long have you known the applicant? \_\_\_\_\_  
Is the applicant financially sound? Yes No Have you personally seen this property? Yes No  
Do you recommend this applicant? Yes No Is the property for sale? Yes No

Comments: \_\_\_\_\_

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.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Broker/Producer & Brokerage: \_\_\_\_\_

**DISCLAIMER**

Consumer and previous insurer reports containing personal, credit, factual, or investigate 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) Provides 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 CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_