

Commercial Lines Application

Agent or Broker:		Branch		Agency #	
Applicants Name					
Names of Principals					
Mailing Address					Postal Code
Policy Period	Day	Month	Year	New businesses	
12:01 am Standard Time at the Postal Address of the Named Applicant				Yes	No
Loss Payee/Mortgagee					
Loss Payee's/Mortgagee's Mailing Address					
DESCRIPTION OF BUSINESS PREMISES AND OCCUPANCY					
Loc. No.	1	Address of Applicant's Business Premises (if different from Mailing Address)			Postal Code
Construction Details		Walls	Roof	Floors	
Building Construction Class					
Description of Operations:					
Occupied by Others as:					
No of Storeys:	Basement:	Floor Area of Office Sq. Ft.	Year Built:	Building Heated By:	
Updates (year & type)	Plumbing:	Heating:	Electrical:	Roofing:	
Describe, below, exposing occupancies on each side of Applicant's premises:					
GENERAL INFORMATION					
Is risk within 500 feet of a fire hydrant		Is risk within 3 miles of a fire hall		Is the risk sprinklered	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all doors fitted with dead locks and windows fixed and equipped with locking devices or metal screens or bars, in sound condition?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "no", do existing locks etc. adequately protect this risk?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does risk have burglar alarm protecting all accessible openings? If yes, please answer the following:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of installing company:					
Type of alarm system:		Central station	Monitoring station	Local	
Does the existing alarm system adequately protect the risk?					
Does risk have Security Guard Protection		If yes, name of company:			
Is glass cracked, scratched or broken?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Agent/Broker inspected this risk?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indicate physical condition of risk:			Indicate condition of housekeeping:		
How long has the Applicant been personally known to the Agent/Broker:					
Has Applicant ever had insurance decline or cancelled? If "yes", explain below:					
List details of any losses in last 5 years:					
Expiring Premium:					
Previous Insurer and policy no.					

LIABILITY

Gross Receipts:		Payroll:	
Cost of Work Sublet:		U.S. Sales:	
Other Foreign Sales:			
Do contractual agreements require any additional insured's or coverage on property belonging to others?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of the following associated with the applicant's operations (if yes, describe in comments)			
Asbestos, Chemicals, Radioactive Materials	Yes <input type="checkbox"/> No <input type="checkbox"/>	Spray Painting, Welding, Hot Tarring	Yes <input type="checkbox"/> No <input type="checkbox"/>
Liquefied Petroleum, Natural Gas, Gases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Explosives, Blasting, Pile Driving	Yes <input type="checkbox"/> No <input type="checkbox"/>
Watercraft, Dock, Wharfs, Aircraft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Digging, Excavation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Underground Storage Tanks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shoring, Underpinning, Caissons	Yes <input type="checkbox"/> No <input type="checkbox"/>
Renovations, Demolition, Raising/Moving	Yes <input type="checkbox"/> No <input type="checkbox"/>	Exports or Operations in Foreign Country	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any Liquid, Gaseous or Waste Discharge or Operations performed at sites where discharge occurs?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are Sub-Contractors requested to carry liability insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are certificates of liability insurance always obtained from sub-contractors?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are formal contractual agreements entered into with sub-contractors?			Yes <input type="checkbox"/> No <input type="checkbox"/>

COMMENTS

Narrative description of process, special hazards and protection for same:

BOILER

Boiler – Machinery – Electrical - Electronics									
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Telephone ceased	<input type="checkbox"/>	Boilers	<input type="checkbox"/>	Pressure vessels	<input type="checkbox"/>	Air compressors
<input type="checkbox"/>	Refrigeration units	<input type="checkbox"/>	Transformers	<input type="checkbox"/>	Electric motors	<input type="checkbox"/>	Electrical switchgear	<input type="checkbox"/>	Air conditioners

Broker Signature:

Customer Signature:

Date: