

# Commercial Package Application



The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.**

## 1. Broker Information

Brokerage: \_\_\_\_\_ Broker ID: \_\_\_\_\_

Broker Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Broker Contact: \_\_\_\_\_ Broker Email: \_\_\_\_\_

## 2. Applicant Information

Name Insureds(s): \_\_\_\_\_ Principal(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Policy Term: **[12-Month Term]** Other Policies with ODIS: \_\_\_\_\_

Prior Insurance & Expiry Date: \_\_\_\_\_ If no prior insurance, please provide reason: \_\_\_\_\_

## 1. Risk Information

Fully describe the nature of your business activities, including website address. (If no website, attach brochure or company literature):

Year company was established: \_\_\_\_\_ Number of years of experience: \_\_\_\_\_

List of operations (attach separate document if further space is required):

Activity	Percentage of your total revenue	Percentage Subcontracted

### 2. Select any of these that apply to your operations:

### 3. Subcontractors Information (if applicable)

Yes No

Excavation	Welding or Torch Cutting
Underpinning	Demolition or Wrecking
Shoring	Raising or Moving
Tunnelling	Caisson Work
Excavation	Dredging

Are subcontractors required to submit liability certificates?

\*If 'yes', what is the minimum limit you require?

Do you enter into formal contract with your subcontractors?

\*If 'yes', do you include a "hold harmless" clause in your favour? (please include a copy of the contract)

## 4. Revenue Information (Please state your revenue in respect of the following years, with respect to this property)

Revenue Origin	Gross Revenue for the last 12 months	Estimated Gross Revenue for the next 12 months
Canadian revenue:		
U.S.A revenue:		
Other:		

5. Building Information		
Year Built:	Number of Stories:	
Total office area (square footage):		
Type of Building (detached, duplex, townhouse, high-rise etc):		
Type of Construction (wood frame, fire resistive, masonry etc):		
Building Occupants (describe all tenants & their description of operations):		
6. Building Updates	Type	Year Updated
Electrical		
Amperage		
Heating		
Supplementary Heating		
Plumbing		
Roof		

7. Fire Protection	Yes	No
Hydrant within 300 meters?		
Fire department within 8 Kms?		
Is it a voluntary fire department?		
8. Additional Information		
Is the building owned by insured?		
*If 'yes', what's the area occupied by insured:		
Is the risk located in an active flood zone? <i>*If 'yes', we'd decline.</i>		
Is the risk located within 50 kms of an active fire zone? <i>*If 'yes', we'd decline.</i>		
Adjacent Exposure Occupancies:		
North:	West:	
South:	East:	

9. Have there been or will there be any changes to your operations/activities?	Yes	No
If 'yes', please detail any changes to your business activities or attach details of other changes:		
Does your business have any special premises or operations hazards such as owned or chartered watercraft; private docks or wharfs; swimming pools; private roads; mechanical truck loading or unloading facilities; radioactive material; owned, leased or chartered, any dams reservoirs or private railroads.      Yes      No <i>*If 'yes', please fully describe below:</i>		

10. Employment Information				
Number of employees:	Are all employees covered under WSIB?	Yes	No	
Please state your annual anticipated payroll broken down as detailed below, in dollar amounts:				
Revenue	Non-Manual	Manual	Hazardous	
Working at your premises				
Working away from premises				
Do your employees use their personal automobile on company business?	Yes	No	<i>*If yes, please provide details below:</i>	
Estimated annual cost of hired/rented automobiles:				

11. Please provide details of your current Errors & Omissions Insurance (if any):					
	Effective Date	Limit	Deductible	Premium	Insurer
Current					

12. Additional Insured Information			
Name:			
Address:	City:	Province:	Postal Code:

**13. Insurance Loss & History**

Has insurance ever been cancelled or refused for this property?      Yes      No

**If 'yes', please explain:**

Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years?      Yes      No

**If 'yes', please provide details in below:**

Date of Loss	Claim Closed?	Type of Loss	Amount Paid	Preventative Measures in Place?
	Yes    No			
	Yes    No			

14. Coverage Information	Limits Required	Deductible
<b>Property Coverages</b>		
Building		
Equipment		
Tenants Improvements		
Office Contents		
Stock		
Profits		
Crime		
Money Orders & Securities		
Employee Dishonesty		
<b>Liability Coverages</b>		
Commercial General		
Commercial General Aggregate		
Tenant’s Legal Liability		
Employee Benefits Liability		
Non-Owned Automobile		
Any Specific coverages requested?		

**15. Additional Comments**

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

**Full Name(s):**

**Signature(s) of All Named Insureds (only required if binding)**

**Date:**