

Application for *Commercial Heritage Risks*

This application is for the following
lines of cover.

Property, Machinery & Equipment Breakdown,
Crime, and Commercial General Liability.

Please answer the following questions on behalf of your organization. The application must be signed and dated by an authorized officer of the organization. If the space to answer any questions fully is insufficient, please attach a separate document.

Please check box if separate document has been attached.

GENERAL INFORMATION

Name of broker/producer				
Full legal name of the applicant				
Risk location address (attach schedule if multiple locations)				
City		Prov		Postal Code
Mailing address (if different from above)				
City		Prov		Postal Code
Applicant's website				
Contact name and title				
Contact telephone number		Email		
Operating since		Is the applicant a member of any association(s)?	Y	N
If yes, please provide details				

PREVIOUS INSURANCE AND CLAIMS EXPERIENCE INFORMATION

Current property insurer		Expiry date	
Current liability insurer		Expiry date	
Current professional liability insurer		Expiry date	
Has any insurer cancelled or declined to renew an insurance policy for the applicant in the past 5 years?			Y N
If yes, please provide details			
Please provide information for all claims in the last five(5) years, by coverage.			If no claims, please check
Date of claim	Description	Amount Paid or Reserved	

RISK INFORMATION : PROPERTY (LOCATION 1)

For multiple locations or structures, please fill out the Additional Structures Addendum
Please provide a picture of each building and a copy of the most recent building construction appraisal if the building is to be insured.

Building valuation completed within last 24 months	Y	N
Has the building been designated as a heritage building	Y	N
If yes, which authority provided the designation (e.g. municipal, heritage society)		
Is the entire building designated heritage or just the facade?	E	F
Building construction (if mixed construction, please indicate percentage applicable to each type)		
Fire resistive (concrete wall, roof, floors)		
Masonry non-combustible (masonry walls, steel deck roof, concrete floors)		
Masonry (masonry walls, wood floors and roof)		
Steel on steel (non-combustible walls, roof and floors with non-combustible supports)		
Brick veneer (frame walls with brick veneer, wood floors/roof)		
Frame (walls, floors/roof all of combustible materials)		
Year built		
Number of buildings		
Number of storeys		

Have the following been upgraded or replaced?

Roof	Y	N	If yes, year	
Electrical	Y	N	If yes, year	
Plumbing	Y	N	If yes, year	
Heating	Y	N	If yes, year	
Type of heating system	Steam	Hot Water	Forced Air	
Fuel	Gas	Electricity	Oil	Wood Other
If other, please describe				
Type of secondary heating, if any				
Does the building have knob and tube wiring		Y	N	
If yes, percentage of wiring				
Municipal water supply?		Y	N	
Number of fire hydrants within 150 metres				
Distance to fire hall (km)				
Is the building protected by an automatic sprinkler system?		Y	N	
If yes, extent of protection	100%	Partial		
If partial, indicate percentage protected				
Is the building protected by a fire alarm system?		Y	N	
If yes, is fire alarm monitored?		Y	N	
Does the facility have carbon monoxide detectors?		Y	N	
Is the building protected by an intrusion alarm?		Y	N	
If yes is the intrusion alarm monitored (Yes: rings to offsite locatin. No: rings only at premises).		Y	N	
Is there camera surveillance of the premises?		Y	N	
Is system monitored?		Y	N	
ULC Certificate number				
Certificate Expiration Date				
Name of alarm company				

Do you have a working sump pump in your building ?	Y	N
If yes, does it have a backup battery / generator / other power source?	Y	N
Is it alarmed ?	Y	N
Does your building have a backflow valve installed on the sanitary sewer line?	Y	N
Do you have water sensors installed in your building?	Y	N
If yes, how many?		
Are the water sensors monitored?	Y	N
Do the sensors automatically shut off the main water line when activated?	Y	N
Does the premises have full kitchen / cafeteria facilities?	Y	N
If yes, is there a CO ² extinguishing system with a semi-annual maintenance contract in place?	Y	N

RISK INFORMATION: MACHINERY & EQUIPMENT BREAKDOWN

If coverage is required, please complete the following section

Does the facility have a boiler(s)?	Y	N
If yes, please provide a contact name and phone number for inspection purposes		
Name		Phone Number
Any pressure vessels over 24 inches in diameter (expansion tank, hot water tank, etc.)?	Y	N
If yes, please provide details		
Any pressure vessels(s) equipped with a quick opening door (autoclave)?	Y	N
Any pressure vessels used in ammonia service?	Y	N
Is food spoilage coverage required?	Y	N
If yes, what is maximum value of contents	Y	N

RISK INFORMATION : CRIME

Are cheques countersigned?	Y	N
Are bank accounts reconciled by someone not authorized to withdraw or deposit?	Y	N
If yes, how often?		
Maximum amount of cash kept on premises at any one time		
Are cash and other securities kept in a money-safe with a combination lock?	Y	N

Percentage of receipts:	Cash	
	Cheques	
	Debit Card	
	Credit Card	
Is there an audit by an independent CA, CMA, CGA, public accountant or equivalent?		Y N
If yes, how often?		
Date of last audit		
Is there an internal audit by an internal audit department?		Y N
If yes, how often?		
To whom are reports rendered?		

RISK INFORMATION : LIABILITY

Current Employee Information

Occupation / Nature of work	Number of Volunteers	Number of Employees	Number of Contract workers
Management			
Clerical/administrative			
Housekeeping/maintenance			
Other (please describe)			
Are all employees enrolled in the Provincial Worker's Compensation program?			Y N
If not, please provide number of employees enrolled			

Financial

Annual payroll (including benefits)		
When does applicant's fiscal year end?		
Annual operating budget	Previous fiscal year (12 months)	
	Current fiscal year (12 months)	

Operations/Activities

Applicant's main operations and activities (services provided, products sold, advocacy work, project funding etc.)	
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Are all liquor service staff certified by a provincially-approved program (e.g. smart serve)?

Are activities limited to Canada?		Y	N
If no, please provide details			
Annual food receipts			
Is food prepared by a third party?		Y	N
If prepared by a third party, does the organization request a certificate of insurance?		Y	N
Is liquor served?		Y	N
Liquor is served by	The organization's staff	A third party	
If liquor is served by the applicant	Does applicant hold a liquor service license?	Y	N
	Are all liquor service staff certified by a provincially-approved program (e.g. smart serve)?	Y	N
If liquor is served by a third party	Does applicant hold a liquor service license?	Y	N
	Are all liquor service staff certified by a provincially-approved program (e.g. smart serve)?	Y	N
Is there a written contract in place with a qualified contractor for removal of snow and ice?		Y	N
If yes, are certificate(s) of liability insurance obtained from contractor(s)?		Y	N
Are any of the facilities rented to third parties (i.e. weddings, parties, meetings)?		Y	N
If yes, are certificate(s) of liability insurance obtained?		Y	N

Non-Owned Automobile

PERSONAL VEHICLES

Number of employees who regularly use their personal vehicles for business			
For all such employees, does the applicant confirm that a minimum \$1,000,000 third-party liability policy is in force?		Y	N
Number of volunteers who regularly use their personal vehicles for business			
For all such volunteers, does the applicant confirm that a minimum \$1,000,000 third-party liability policy is in force?		Y	N

PASSENGER VANS

Are vans rented, borrowed or chartered?		Y	N
If yes, please provide details including any trips to the USA			
If yes, does the applicant confirm that a minimum \$2,000,000 third-party liability policy is in force?		Y	N

BUSES

Are buses rented, borrowed or chartered?	Y	N
If yes, please provide details including any trips to the USA		
If yes, does the applicant confirm that a minimum \$5,000,000 third-party liability policy is in force?	Y	N

Watercraft and/or Aircraft

Are watercraft and/or aircraft owned, leased, or chartered by the applicant?	Y	N
If yes, please provide details		

If building is occupied by others, please provide tenant(s) occupation

Tenant	Occupation	Proof of insurance		Limit
		Y	N	
		Y	N	
		Y	N	

COVERAGES / LIMITS REQUESTED**Property & Business Interruption****LOCATION 1**

Building replacement cost (including tenant's improvements)					
Contents replacement cost (equipment and stock)					
Business interruption (minimum limit (\$250,000))					
Profits					
Ordinary payroll coverage required	90 days	180 days	Not required		
Indemnity period	12 months	18 months	24 months	36 months	
Rental income					
Property deductible	\$2,500	\$5,000	\$10,000	\$25,000	
Earthquake coverage				Y	N
Flood coverage				Y	N
Sewer back-up coverage				Y	N

Crime

Coverage	Std limits for min premium	Limit requested
Employee Dishonesty — Commercial Blanket (Form A)	\$20,000	
Broad Form Money & Securities (Inside)	\$10,000	
Broad Form Money & Securities (Outside)	\$10,000	
Depositors' Forgery \$ 10,000	\$10,000	
Money Orders & Counterfeit Paper Currency	\$10,000	
Credit Card Forgery	\$10,000	
Computer Fraud: Funds Transfer	\$10,000	
Incoming Cheque Forgery	\$10,000	
Third Party Extension (per policy term)	\$10,000	

Liability

Coverage Limit	Limit
Commercial General Liability (each occurrence / general aggregate)	
Tenant's Legal Liability Broad Form (any one premises)	
Employers' Liability Extension	

The undersigned authorized officer of the organization declares that, to the best of his / her knowledge, the statements set forth herein are true. Signing of this application does not bind the insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

Signature of authorized officer	
Print name and title of signing officer	
Date	



ADDITIONAL STRUCTURES ADDENDUM

Building name, occupancy description											
Address											
City				Prov		Postal Code					
Building construction (%)*	Class 1		Class 2		Class 3		Class 4		Class 5		Class 6
Year Built			Storeys	Upgraded (if over 25 years old)			Y	N	% Sprinklered		
Fire/Intrusion alarms	Y	N	Municipal Water Supply	Y	N	Distance to fire hall			# of fire hydrants within 150m		
Building replacement cost value					Contents replacement cost value						

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Address											
City				Prov		Postal Code					
Building construction (%)*	Class 1		Class 2		Class 3		Class 4		Class 5		Class 6
Year Built			Storeys	Upgraded (if over 25 years old)			Y	N	% Sprinklered		
Fire/intrusion alarms	Y	N	Municipal Water Supply	Y	N	Distance to fire hall			# of fire hydrants within 150m		
Building replacement cost value					Contents replacement cost value						

Building name, occupancy description											
Address											
City				Prov		Postal Code					
Building construction (%)*	Class 1		Class 2		Class 3		Class 4		Class 5		Class 6
Year Built			Storeys	Upgraded (if over 25 years old)			Y	N	% Sprinklered		
Fire/intrusion alarms	Y	N	Municipal Water Supply	Y	N	Distance to fire hall			# of fire hydrants within 150m		
Building replacement cost value					Contents replacement cost value						

*Constructive Codes	<p>Class 1 : Fire resistive (concrete walls, roof, floors)</p> <p>Class 2 : Masonry non-combustible (masonry walls, steel deck roof, concrete floor)</p> <p>Class 3 : Steel on Steel</p> <p>Class 4 : Masonry (masonry walls, wood floors and roof). Includes mill construction.</p> <p>Class 5 : Brick veneer (frame walls with brick veneer, wood floors / roof)</p> <p>Class 6 : Frame (walls, floors, roof all of combustible materials)</p>
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Please provide a picture of each additional structure

