

**NEW SUBMISSION APPLICATION**

Broker: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Insured**

Name Insured: \_\_\_\_\_  
 Owner(s)/Contract(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Office Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Type:  Individual  Partnership  Joint Venture  Corporation  
 In business since: \_\_\_\_\_ Experience in this field since: \_\_\_\_\_

Effective date: \_\_\_\_\_ Date required: \_\_\_\_\_

**2. Insurance History**

Prior/Current Insurer: \_\_\_\_\_  
 Insured Since: \_\_\_\_\_  
 Current Broker: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Premium: \_\_\_\_\_

Has the insured been refused or cancelled by an insurance company?  Yes  No

**3. Claims History**

Has the insured has any claims within the past 5 years?  Yes  No

If yes, please provide details below

Date of Claim	Settlement	Pending	Description

**4. Description of Operations**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Gross receipts**

Total sales: \_\_\_\_\_  
 % Canada \_\_\_\_\_ % US \_\_\_\_\_ % Foreign \_\_\_\_\_

**6. Description of Location**

a) Location 1 – Building 1

Building Name \_\_\_\_\_ Address \_\_\_\_\_  
 Territory \_\_\_\_\_  
 Town Grade \_\_\_\_\_

b) Occupancy

Type of Industry \_\_\_\_\_  
 Occupancy by Insured \_\_\_\_\_  
 Other Occupancy \_\_\_\_\_  
 Building Owner Occupancy \_\_\_\_\_

Who are the insured's customers? \_\_\_\_\_

Where are they located? \_\_\_\_\_

Photos Attached?  Yes  No

c) Construction Details

Building Occupancy: \_\_\_\_\_ Year Built: \_\_\_\_\_ Age: \_\_\_\_\_

Basement?  Yes  No

Walls Exterior \_\_\_\_\_ Floor Construction \_\_\_\_\_

Walls Interior \_\_\_\_\_ Roof Construction \_\_\_\_\_

Plumbing \_\_\_\_\_ Roof Covering \_\_\_\_\_

Electricity \_\_\_\_\_ Ground Floor Area \_\_\_\_\_  SF  SM

Heating \_\_\_\_\_ Area Occupied \_\_\_\_\_  SF  SM

Other Heating \_\_\_\_\_ # of Stories \_\_\_\_\_

d) Building Updates (if partially or fully updated and year)

Roof \_\_\_\_\_ Plumbing \_\_\_\_\_

Electricity \_\_\_\_\_ Heating \_\_\_\_\_

e) Fire Protection

Protected  Semi-Protected  Unprotected

Fire Hydrant  Yes  No Feet \_\_\_\_\_

Fire Station \_\_\_\_\_ KM \_\_\_\_\_

7. Description of Location

a) Location 2 – Building 2

Building Name \_\_\_\_\_ Address \_\_\_\_\_

Territory \_\_\_\_\_

Town Grade \_\_\_\_\_

b) Occupancy

Type of Industry \_\_\_\_\_

Occupancy by Insured \_\_\_\_\_

Other Occupancy \_\_\_\_\_

Building Owner Occupancy \_\_\_\_\_

Who are the insured's customers? \_\_\_\_\_

Where are they located? \_\_\_\_\_

Photos Attached?  Yes  No

c) Construction Details

Building Occupancy: \_\_\_\_\_ Year Built: \_\_\_\_\_ Age: \_\_\_\_\_

Basement?  Yes  No

Walls Exterior \_\_\_\_\_ Floor Construction \_\_\_\_\_

Walls Interior \_\_\_\_\_ Roof Construction \_\_\_\_\_

Plumbing \_\_\_\_\_ Roof Covering \_\_\_\_\_

Electricity \_\_\_\_\_ Ground Floor Area \_\_\_\_\_  SF  SM

Heating \_\_\_\_\_ Area Occupied \_\_\_\_\_  SF  SM

Other Heating \_\_\_\_\_ # of Stories \_\_\_\_\_

d) Building Updates (if partially or fully updated and year)

Roof \_\_\_\_\_ Plumbing \_\_\_\_\_

Electricity \_\_\_\_\_ Heating \_\_\_\_\_

e) Fire Protection

Protected  Semi-Protected  Unprotected

Fire Hydrant  Yes  No Feet \_\_\_\_\_

Fire Station \_\_\_\_\_ KM \_\_\_\_\_

**8. Loss Payables**

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

**9. Requested Coverage – All Locations**

Property	Deductible	Limit

Business Interruption	Deductible	Limit

Crime	Deductible	Limit

Liability	Deductible	Limit

Boiler & Machinery	Deductible	Limit

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY**

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material changed as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

**Privacy Disclosure and Consent**

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.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Brokerage Name:** \_\_\_\_\_

**Broker's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_