

**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

## APPLICATION – COMMERCIAL PROPERTY INSURANCE

### 1. GENERAL INFORMATION

Name of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Is the Applicant a:  Corporation  Partnership  Limited Liability Partnership  
 Non Profit Corporation  Individual  Joint Venture  
 Other (Specify) \_\_\_\_\_

Website: \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal code \_\_\_\_\_

Contact person: (for inspection) \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Quote required by: \_\_\_\_\_ Coverage effective date: \_\_\_\_\_

Target Property Premium: \_\_\_\_\_

2. RISK ADDRESS  Same as mailing address (If different, please complete below.)  
Street \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal code \_\_\_\_\_

3. MORTGAGES / LOSS PAYEES – Name and address:  
\_\_\_\_\_  
\_\_\_\_\_

4. OCCUPANCY – Applicant’s process description:

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Special Hazards (flammable liquids/heat processes/welding):

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List all occupants/tenants:

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5. CONSTRUCTION

Year Built: \_\_\_\_\_ Additions: \_\_\_\_\_ Upgrades: \_\_\_\_\_ No. of Storeys: \_\_\_\_\_

Wall Construction:  Concrete/Brick  Steel Frame  Wood Frame  Other: \_\_\_\_\_

Roof Construction:  Concrete  Steel Deck  Wood Joist  Steel on Steel  
 Other: \_\_\_\_\_

Roof Finish:  Shingles  Tar & Gravel  Rubber Membrane  Wood Shingle  
 Metal  Other: \_\_\_\_\_

Roof Year Updated: \_\_\_\_\_

Floor Construction:  Concrete  Concrete on Steel  Wood  Other: \_\_\_\_\_

Total Building Area (sq. ft.): \_\_\_\_\_ Area occupied by Insured (sq. ft.): \_\_\_\_\_

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

Plumbing:  Copper  Galvanized  ABS/PVC  Poly-B Year Updated: \_\_\_\_\_

Wiring:  Circuit Breaker  Fuses  Copper  Aluminum  Knob and Tube Year Updated: \_\_\_\_\_

Protection:  Burglar Alarm  Local Alarm  Central Station Monitored Alarm  Fenced Yard  
 Metal bars or grill protecting all glass doors and windows  CCTV  
Other: \_\_\_\_\_

Fire:  Sprinkler: \_\_\_\_\_%  Local Alarm  Central Station Monitored Alarm  
 Fire Alarm  Local Alarm  Central Station Monitored Alarm  Fire Extinguishers #: \_\_\_\_\_

\*If Occupancy is a Restaurant, please advise:

Automatic Kitchen Fire Suppression System:  Wet or  Dry  Semi-annual contract

Municipal Protection:

Number of Hydrant(s) within 500 feet: \_\_\_\_\_ Fire Hall: \_\_\_\_\_ \_\_\_\_\_  Miles  Kilometres

Exposures: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

Safe:  Yes  No If Yes, Class: \_\_\_\_\_

## 6. COVERAGES

Named Perils: \_\_\_\_\_ Broad Form: \_\_\_\_\_ Deductible: \_\_\_\_\_

	INSURED LIMITS		INSURED LIMITS
Building	\$	Rental Income	\$
Stock	\$	Gross Earnings	\$
Equipment	\$	Profits	\$
Office Contents	\$	Extra Expense	\$
Computer Hardware	\$	Valuable Papers	\$
Computer Software	\$	Accounts Receivable	\$
Transit	\$	Professional Fees	\$
Signs	\$	Tools	\$
Other: _____	\$	Contractors Equipment (Attach Schedule)	\$
Other: _____	\$		

Other Coverage Required:  Standard Extensions  Replacement Cost  Boiler & Machinery  
 Flood  Earthquake  Sewer Backup

### Photos (inside and outside) of subject risk.

Minimum pictures required are front/back and 2 inside

Attached:  Yes  No  To follow

## 7. PREVIOUS INSURANCE

Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Has cover been cancelled or declined in the past?  Yes  No If Yes, why?

\_\_\_\_\_

## 8. CLAIMS AND CIRCUMSTANCES

Please provide 5 year claims experience including details of any incidents or events known to the Applicant that may give rise to a claim. (Attach separate sheets as necessary)

DATE	DESCRIPTION	PAID	AMOUNTS OUTSTANDING	EXPENSE	STATUS
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

## 9. BROKER COMMENTARY

(a) Is this business new to you?  Yes  No

(b) If a renewal, what is the reason for remarketing?

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(c) Have you visited the insured premises?  Yes  No

If Yes, please consider:

(i) Housekeeping:  Good  Fair  Poor

(ii) Physical condition:  Good  Fair  Poor

(iii) Financial position:  Good  Fair  Poor

(iv) Neighbourhood:  Good  Fair  Poor

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



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