



#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

**COMMERCIAL PROPERTY / LIABILITY APPLICATION**

**PART 1: GENERAL INFORMATION**

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Insured (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Business Operations: \_\_\_\_\_

Website Address (if applicable): \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Has any Insurer cancelled, declined, or refused you coverage? No  Yes

If yes, provide details: \_\_\_\_\_

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied; \_\_\_\_\_

**PART 2: PROPERTY UNDERWRITING INFORMATION**

**Select the Construction Class, which best describes your building:**

- Fire Resistive (Walls, floors, roof and supports of solid masonry)
- Masonry, Non-Combustible (Walls of masonry; floors and roof of masonry or engineered non-combustible materials, supported by protected steel)
- Non-Combustible (walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)
- Masonry (including Mill) (Walls of **greater** than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal)
- Masonry Veneer (Walls of **less** than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)
- Frame (walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material)

**Fire Department: Paid F/T:** \_\_\_\_\_ **Paid P/T:** \_\_\_\_\_ **Volunteer:** \_\_\_\_\_ **None:** \_\_\_\_\_

Distance to Fire Hall \_\_\_\_\_ Km

**Select the distance between your building and the nearest Municipal Fire Hydrant:**

Within 500 feet  Between 500 and 1000 feet  Over 1000 feet

Insured's Occupancy: \_\_\_\_\_ Other Occupancies: \_\_\_\_\_ Year built: \_\_\_\_\_

Updates (indicate year): Building: \_\_\_\_\_ Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Indicate Plumbing Type: \_\_\_\_\_ Hot Water Tank Age: \_\_\_\_\_

Adjacent Exposures: \_\_\_\_\_

Height of building: \_\_\_\_\_ Heating Type: \_\_\_\_\_ General Housekeeping: \_\_\_\_\_

Total Building Sqft: \_\_\_\_\_ Applicant's Sqft: \_\_\_\_\_ Building Sprinklered: No  Yes  \_\_\_\_\_ %

Burglary Alarm System: Monitored  Local  None  Is the monitoring company ULC Approved No  Yes  \_\_\_\_\_

Does your building have a ULC Automatic Fire Extinguishing system (if applicable)? No  Yes

Has the system been independently tested within the past 12 months (if applicable)? No  Yes

Miscellaneous Information: \_\_\_\_\_

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**PART 3: GENERAL LIABILITY UNDERWRITING INFORMATION**

Full description of Business Operations: \_\_\_\_\_

Year business established: \_\_\_\_\_ Experience of the principal / partners: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-time Employees: \_\_\_\_\_ Part-time Employees: \_\_\_\_\_

Gross Receipts (**Operations**): \_\_\_\_\_ Gross Receipts (**Products**): \_\_\_\_\_ Any US sales? No  Yes  If yes, \_\_\_\_\_ %

Require percentage breakdown in gross receipts for each aspect of their operations (if applicable): \_\_\_\_\_

Any off premise exposure? No  Yes  If yes, explain and what \_\_\_\_\_ % \_\_\_\_\_

Cost and description of any sublet operations: \_\_\_\_\_

Are there any activities involving trampolines and/or inflatable jumping pillows: \_\_\_\_\_

if yes please explain: \_\_\_\_\_

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**PART 4: CRIME UNDERWRITING INFORMATION (if applicable)**

How many employees do you have on payroll? \_\_\_\_\_ How many of those employees would routinely handle money? \_\_\_\_\_

Do they have a safe on premises? No  Yes  If yes, is it ULC approved and what class \_\_\_\_\_

Do you make daily deposits to the bank? No  Yes

**INTERNAL CONTROLS: Are bank accounts reconciled monthly?** No  Yes

**Are bank accounts reconciled by someone not authorized to deposit or withdraw?** No  Yes  (If no please explain)

**Is a countersignature of all cheques require?** No  Yes  **Above what amount?** \_\_\_\_\_

**Will endorsement of cheques on Employers behalf be limited to endorsement for deposit to the credit of the employer only?**

No  Yes

**Do invoices of other supporting records accompany all cheques to be signed?** No  Yes

Are all invoices/supporting records stamped "PAID" when cheques are signed? No  Yes

Are your systems designed so that no one employee can control a transaction from beginning to end (e.g. approve an invoice, request and sign a cheque)? No  Yes

Do you store negotiable securities on your premises? No  Yes

Are securities subject to the joint control of two or more employees? No  Yes

How frequently is an inventory of merchandise conducted? \_\_\_\_\_ By whom? \_\_\_\_\_

Is there a personal supervision of the business activities on a daily basis by Owner, Partner or Director? No  Yes

**PART 4: COVERAGE REQUIREMENTS (per location)**

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Transit	
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Other:	
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery	
Broad Form Money & Securities	
Commercial Blanket Bond (FORM A)	
Other:	
LIABILITY COVERAGE	AMOUNT OF INSURANCE
Bodily Injury & Property Damage – per occurrence	
Products & Completed Operations – aggregate limit	
Personal Injury Liability – per occurrence	
Non-Owned Automobile Liability – per occurrence	
Tenants Legal Liability	
Other:	

**OPTIONAL COVERAGES:** (Select any of the following optional coverages you require)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sewer Back-up | <input type="checkbox"/> Replacement Cost           | <input type="checkbox"/> Property Extension End't               |
| <input type="checkbox"/> Flood         | <input type="checkbox"/> Stated Amount Co-Insurance | <input type="checkbox"/> Comprehensive Property Extension End't |
| <input type="checkbox"/> Earthquake    | <input type="checkbox"/> By-Laws                    |   |

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

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