

BUSINESS POLICY APPLICATION

DATE: _____

BROKER NAME		U/W	H.C.	Broker No.	Branch No.
PRODUCER NAME					
NAME OF APPLICANT (Incl. Name of Principals)					
MAILING ADDRESS					
DATE REQUIRED	From _____ To _____	Term in months	12:01 a.m. Standard time at the address of the named insured as stated above		
LOCATION AND CONSTRUCTION OF PROPERTY INSURED	LOCATION #: _____ Walls _____ Roof _____ Storeys _____				
Sprinklered: YES/NO _____ Floors: _____ Applicant's Area: _____ sq.ft./metres Dist. to Hydrants: _____ Dist. to Firehall: _____ Age: _____ If over 25 years old, when were services updated? Roof _____ Electrical _____ Heating _____ Plumbing _____					
IMPORTANT (This area must be completed):					
Heat: _____ Electrical: _____ Type of Insulation: _____ Extinguishers: _____					
Burglar Alarm: Local/Monitored _____ If monitored, by whom? _____					
Photo Attached _____ Other Protection? _____ Describe: _____					
Has broker seen property? <input type="checkbox"/> YES <input type="checkbox"/> NO Exposures Distance: North _____ South _____ East _____ West _____					
Applicants Occupancy & Operations: _____ Years in Business _____ Yrs.					
Other Occupancies: _____ Housekeeping _____					
Previous Losses (Past 5 years): _____					
Previous insurer & Policy Number: _____					
Loss Payees: _____					
Has Applicant been cancelled or declined or refused renewal in last 5 years? Describe: _____					
1. Payroll:					
i) (No. of Employees): # _____ \$ _____					
2. Gross Receipts:					
i) Products \$ _____ ii) Completed Operations \$ _____					
iii) Area of Products Distribution or Operations: Canada: _____ % U.S.A.: _____ % Other (specify): _____ %					
iv) Other than provided in iii), are there any sales or operations outside of BC or Alberta? _____ % or Canada? _____ %					
Cost and Description of any Sublet Operations: _____					
Nature of Applicants Products: _____					
Other Hazards: _____					
3. Does Applicant engage in any of the following operations? If yes, describe on separate attachment.					
Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spraying	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ships or Docks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drilling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Apt/Condo/Townhouse Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Railroads	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roofing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Propane or other LPG work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pile Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tunneling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of Unlicensed/Specially	
Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airport Premises or Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Vehicles/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Limits & Coverages Required	Deductibles	Rates	Premiums
Property			
Business Interruption			
Crime			
<p style="text-align: center;"><u>Limit</u></p> Commercial General Liability:			
Tenants Legal Liability:			
Other:			

Broker's Signature

Applicant's Signature

Risk Approval

Date