

COMMERCIAL PROPERTY APPLICATION

PART 1: GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Allocation: _____ Postal Code: _____

Name of Principal(s): _____

Business Operations: _____

Website Address (if applicable): _____ Desired Effective Date: _____

Number of Years in Business: _____ Experience in Operations: _____

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

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: 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" thickness 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)

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

Within 500 feet Between 500 and 1000 feet Over 1000 feet

Distance to Fire Hall: _____ Km Fire Department: _____ Paid F/T Paid P/T Volunteer n/a

Insured's Occupancy: _____ Other Occupancies: _____ Year Built: _____

No. of Stories: _____ Heating Type: _____ General Housekeeping: _____

Total Building Sq ft: _____ Applicant's Sq ft: _____ Building Sprinklered: Yes: _____% No

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

Updates (indicate year): Building: _____ Electrical: _____ Roof: _____

Plumbing: _____ (indicate Plumbing Type) _____ Hot Water Tank Age: _____

Miscellaneous Information: _____

PART 3: 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) <i>circle one</i>	
Loss Rent or Rental Income	
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:	

Optional Coverages: (Select any of the following optional coverages you require)

- | | | |
|----------------|----------------------------|--|
| Sewer Back- up | Replacement Cost | Property Extension End't |
| Flood | Stated Amount Co-Insurance | Comprehensive Property Extension End't |
| Earthquake | 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: _____