

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? 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: 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 If 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: _____

PART 3: GENERAL LIABILITY UNDERWRITER 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: _____

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 all 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 the premises? No Yes

Are securities subject to the join 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 5: 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)

Sewer Back-up

Replacement Cost

Property Extension End't

Flood

Stated Amount Co-Insurance

Comprehensive Property Extension End't

Earthquake

By-Laws

Target Premium (if known): _____

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.

Applicant's Signature: _____ Position: _____

Please Print Name: _____ Date: _____