

## COMMERCIAL INSURANCE APPLICATION

### BASIC INFORMATION

Insured Name:			
Principal(s):			
Mailing Address:			
Telephone #:	Fax #:	Email:	
Full Details of Operations:			
# Of Years in Business:		# Of Years Previous Experience:	
Previous Insurer:	Policy #:	Expiry Date:	Expiring Premium:
Previous Insurance Declined or Cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, full details:		
Any claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide full details including date, type of loss, amount paid:			
Effective Date:		Expiry Date:	
Mortgage/Loss Payee/Additional Insured Name and address:			
1.			
2.			

### LOCATION DETAILS

Address (if different from mailing address):			
Wall Construction:	<input type="checkbox"/> Concrete	<input type="checkbox"/> HCB	<input type="checkbox"/> Brick
	<input type="checkbox"/> Masonry	<input type="checkbox"/> Frame	
Roof Construction:	Type Of Heating:	Type of Electrical System:	
Year Built:	If building over 30 years old, have updates been carried out? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when to:	Heating System:	Roof:	Plumbing:
			Wiring:
Total area in Building (ft <sup>2</sup> ):		Area Occupied by Insured (ft <sup>2</sup> ):	
No. of stories:		No. of units in building/complex:	
Distance to Hydrant:		Distance to Fire Hall:	
Sprinkler Protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Air Conditioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposures:	Right:	Left:	Rear:
Occupancy:			

### PHYSICAL PROTECTION

Fire Alarm:	<input type="checkbox"/> None	<input type="checkbox"/> Local	<input type="checkbox"/> Monitoring	<input type="checkbox"/> ULC Certified
Burglar Alarm:	<input type="checkbox"/> None	<input type="checkbox"/> Local	<input type="checkbox"/> Monitoring	<input type="checkbox"/> ULC Certified
Windows Barred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?
Comments:				

## OPERATION DETAILS

Gross Receipts:	Payroll:	No. of Employees:
Any foreign sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify country:	Annual Foreign Sales \$:
Any repairs and/or installations away from own premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	
Are Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	
1. Full details of work and cost of work sublet:		
2. Is proof of insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Limit \$	
<b>Wholesalers:</b> Any alterations to products, including repackaging? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
<b>Restaurants:</b> Automatic extinguishing systems? <input type="checkbox"/> Yes <input type="checkbox"/> No	Semi-annual maintenance contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Semi-annual duct cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deep Fat Fry Operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Liquor Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:    food sales _____ %    liquor sales _____ %	
Any Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: _____ %    &    are any non-owned automobiles used? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## LIMITS

### Deductible:

Item	Co-Ins.	Rate	Limits	Item	Co-Ins.	Rate	Limits
<b><i>Property of Every Description</i></b>				<b><i>Business Interruption</i></b>			
Building				Profits	100%		
Equipment (RC)				Gross Earnings			
Stock (ACV)				Rental Income	100%		
Office Equipment				Extra Expense	100%		
Accounts Receivable				Other			
Valuable Papers				<b><i>Crime</i></b>			
Transit				Inside/Outside Robbery			
Consequential Loss				Money & Securities			
Sign Floater				Employee Dishonesty			
Contractor's Equipment				Other			
Tool Floater				<b><i>Liability</i></b>			
Earthquake Deductible:				CGL			
Flood Deductible:				Tenant's Legal			
Sewer Backup (\$2,500 deductible)				OLT			
Other:				Other:			
Other:				<b>Total Premium:</b>			

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Applicant's Signature: \_\_\_\_\_

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