

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?
If yes, please provide details: Yes No

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 concrete)
- 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)
- Other** _____

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: _____

If over 30 years old, have there been any updates to the building? _____

Adjacent Exposures: _____

Height of building: _____ Heating Type: _____ General Housekeeping: _____

Total Building Sqft: _____ Applicant's Sqft: _____ Building Sprinklered : Yes No _____ %

Burglary Alarm System : Monitored Local None

Is the monitoring company ULC Approved? Yes No

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

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

Dust Collection System (if applicable)? Yes No

Approved spray booth (if applicable)? Yes No

Do you have any flammable / combustible liquids on your premises? Yes No
If yes, how much and how are they stored? _____

Miscellaneous Information: _____

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? Yes No If yes, _____ %

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

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

Cost and description of any sublet operations: _____

Does the applicant engage in any of the following operations? If yes, describe on separate attachment.

Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airport Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drilling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spraying (Pressure Washing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excavation Work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welding (Off premises)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spraying (Paint)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Propane Work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welding (On Premises)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spraying (Pesticides)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ships or Docks	<input type="checkbox"/> Yes <input type="checkbox"/> No

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? Yes No

If yes, is it ULC approved and what class? _____

Do you make daily deposits to the bank? Yes No



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)

- | | | |
|--|---|---|
| <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 | |

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: