

PROPERTY APPLICATION

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, THEN PLEASE ANSWER "N/A"**

1. a) Name of applicant (and all partners): _____

b) Mailing Address of the applicant: _____

c) Postal Code: _____ Website: _____

d) Contact(s): _____ Telephone: _____

2. Address at risk: Same Other
If Other, please provide address and postal code:

3. Policy Term: From: _____ To: _____

4. **MORTGAGEES / LOSS PAYEES** – Name and Address: _____

5. **OCCUPANCY** - Applicants process description: _____

Special Hazards: (Flammable liquids/heat processes/welding):

List all Other tenants:

6. CONSTRUCTION

Year Built: _____ Additions: _____ Upgrades: _____ No. of Storeys: _____

Wall Construction: Concrete/Brick Steel Frame Wood Frame Other: _____

Roof Construction: Concrete Steel Deck Wood Joist
 Steel on Steel Other: _____

Roof Finish: Shingles Tar & Gravel Rubber Membrane
 Wood Shingle Metal Other: _____

Roof Year Updated: _____

Floor Construction: Concrete Concrete on Steel Wood Other: _____

Area -grade(sq. ft.): _____ Total Area (sq. ft.): _____

Heating: _____ Year Updated: _____

Plumbing: _____ Year Updated: _____

Wiring: Fuses Circuit Breaker Year Updated: _____

Protection: Burglary Local Alarm Central Station Monitored Alarm
 Metal bars or grill protecting all glass doors and windows
 Fenced Yard Other: _____

Fire: Sprinkler %: _____ Local Alarm Central Station Monitored Alarm
 Fire Alarm _____ Local Alarm Central Station Monitored Alarm
 Fire Extinguishers #: _____

*If Occupancy is a Restaurant, please advise what type of oil is being used for deep frying

Vegetable Lard
 ULC 1254.6 Wet Extinguishing System supported by a K Portable Extinguisher

Automatic Fire Suppression System: Wet or Dry Semi-annual contract

Municipal Protection:

Number of Hydrant(s) within 500 feet: _____ Fire Hall: _____ Miles _____

Exposures: Right: _____ Left: _____
 Front: _____ Rear: _____

6. COVERAGES

Fire and E.C.: _____ Broad Form: _____ Deductible: _____

	Insured Limits		Insured Limits
Building		Rental Income	
Stock		Business Interruption G.E.	
Equipment		Business Interruption Profits	
Office Contents		Extra Expense	
EDP – Hardware		Valuable Papers	
EDP - Software		Accounts Receivable	
EDP - Extra Expense		Professional Fees	
Transit		Contractors Equipment (Attach Schedule)	
Glass Breakage		Signs	

Other: _____

Photos (inside and outside) of subject risk.

Minimum pictures required are front/back and 2 inside Attached:

Yes No

To follow: Yes

Claims History Within the last 5 Years

Include total costs from ground up for each claim

Date of Loss	Describe Occurrence	Amt. Outstanding	Paid	Deductible

8. BROKER COMMENTS

How long has applicant been in business/at this address? _____

How long have you known the insured? _____

I Have you personally visited the insured premises? Yes No

Comment on housekeeping: _____

Current Carrier: _____ Policy No.: _____ Expiry Date: _____

New to Broker? Yes No

Current Rate/Premium: _____ (We require this to be completed)

Reason for Change: _____

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKERAGE:	_____

BROKER:	_____

PHONE #:	_____

Email Form

Print Form