

COMMERCIAL PACKAGE APPLICATION
 Submit to: submissions@uniquerisks.com

Broker Name:	Contact:	
Address:		
Policy Number (for renewal only):	Effective Date:	Broker Code:

1. Insureds Details:

Full Name of all Insureds:	Name of Principals:
Mailing Address:	

2. Current Commercial Insurance Policy Details:

	Expiry Date	Limit	Deductible	Premium	Insurer
Current					

3. Detailed description of all business activities, including website address

4. How many years have you been in business?

5. Please state your revenue in respect of the following years:

Date of financial year end: _____/_____(dd/mm)	Last complete financial year	Estimate for current financial year
(a) Canadian revenue:		
(b) USA revenue:		
(c) Other revenue:		

6. (a) Full breakdown of total revenue by activity for the past 12 months(attach a separate document if further room is required)

Activity	Percentage of your total revenue	Percentage Subcontracted
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%

(b) Do you anticipate any changes to the type of work you will be performing in the next 12-months? If yes, please provide details:

(c) In regard to subcontractors: are subcontractors required to submit liability certificates? If so what is the minimum limit you require? Do you enter into a formal contract with your subcontractors? If yes, do you include a "hold harmless" clause in your favour? (please include a copy of the contract)

7. Do you engage in any of the following activities:

	Demolition or Wrecking		Use of Explosives
	Shoring		Raising or Moving
	Underpinning		Tunnelling
	Caisson Work		Welding or Torch Cutting
	Excavation		Dredging

8. Anticipated annual payroll broken down as detailed below(in dollar amounts):

	Manual	Non - Manual	Hazardous
Working at your premises:			
Working off premises:			
Number of Employees:			
Are all employees covered by WSIB?			
If no please explain:			

9. Location Information (complete for each location coverage is requested for:

- A) Location: Same as above noted Other:
- B) Is the risk located in an active flood zone? YES NO
- C) Is the risk located within 50 kms of an active fire zone? YES NO
- D) Does the risk meet local Fire Code and By-law requirements for its current occupancy? Yes No
- E) Is the building owned by the Insured? YES NO

Area occupied by the Insured:

Number of stories:

Year Built:

F) Please indicate the following:

Wall Construction: Frame Brick & Wood Frame Masonry Steel

Roof Construction: Wood Joist Steel Deck Concrete Other:

Floor Construction: Wood Joist Concrete Other:

Updates: (Include: Materials, year updated & confirmation of FULL or PARTIAL updates)

Roof:

Wiring:

Plumbing:

Heating:

Number of Stories that are occupied:

Total Square Footage of occupied space:

G) Building Occupants (List and describe all tenants including a description of their operations):

H) Adjacent Exposure Occupancies:

North:

East:

South:

West:

I) Fire Protection:

Hydrant within 300 metres

Fire Station within 8km

Unprotected (no hydrants)

Fire Alarm:

None

Local

Central Station

Sprinklered:

None

Partial

%

Located in:

Yes 100%

Burglar Alarm:

None

Local

Central Station

Line Security

Digital Dealer

J) Are all doors equipped with double cylinder deadbolt locks?

YES

NO

If NO, please describe protection:

K) Is there a safe?

YES

NO

If YES, please specify type/class:

L) Average amount of cash on the premises:

\$

Maximum amount: \$

10. Coverage, Limits and Notes:

A)

Property Values	Location 1 Limit:	Location 2 Limit:	Location 3 Limit:
Building			
Equipment			
Tenants Improvements			
Office Contents			
EDP Equipment			
EDP Data Media			
Laptops/Portables Projectors			
Customers' Goods			
Property of Others			
Stock			
Gross Earnings			
Profits			
Other			

**IF more than 3 locations, please attach a statement of values or an additional copy of this page for the additional locations

B)

	Limit:	Limit:	Limit:
Crime			
Employee Dishonesty			
Money Orders & Securities			
Other			

11. Do your employees use their personal automobile on company business?

YES NO

If yes, please provide details:

Estimated annual cost of hired/rented automobiles \$

12. Does your business have any special premises or operational hazards such as owned or chartered watercraft; private docks or wharfs; swimming pools; private roads; mechanical truck loading or unloading facilities; radioactive material; owned, leased or chartered, any dams reservoirs or private railroads. If yes to any of these, please fully describe:

13. Please provide details of your current Errors & Omissions Insurance (if any):

	Effective Date	Limit	Deductible	Premium	Insurer
Current					

14. What coverage do you require?

Coverage	Limit
Commercial General Liability	
Commercial General Aggregate	
Non-Owned Automobile	
Tenant's Legal Liability	
Employee Benefits Liability	
Deductible	

15. Please provide details of any claims or actions brought against your company including defence costs and deductible. Include loss experience of companies that have been taken over or merged with your company:

		Claim Amounts				
Date of Occurrence	Describe Occurrence	Reserve	Paid	Expenses	Deductible	Open or Closed

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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