

Application for Commercial Insurance

Broker	Broker's office number
Producer	
Direct billing <input type="checkbox"/> Agency billing <input type="checkbox"/> Plan A (pre-authorized payments) <input type="checkbox"/> Plan B (chequing) <input type="checkbox"/>	Language French <input type="checkbox"/> English <input type="checkbox"/>
Effective Date dd/mm/yyyy	Policy term <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years
Applicant name	
Owner's name	Dates of birth
Postal Address	Telephone number
Address of risk	
Applicant's occupation	
Occupations of other occupants	
Lienholder(s)	

Surface Area

<input type="checkbox"/> cu.ft or <input type="checkbox"/> cu.m	Applicant's premises	Ground floor	Building total
Area for each occupant			

Building Construction

Have you seen the risk? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Walls fire resistive (standard) <input type="checkbox"/> %	fire resistive (non standard) <input type="checkbox"/> %	non combustibile <input type="checkbox"/> %	
masonry <input type="checkbox"/> %	brick veneer <input type="checkbox"/> %	other <input type="checkbox"/>	
Roof	Floors	Water heater: Age	Location
Type of heating	Circuit breakers <input type="checkbox"/>	Fuses <input type="checkbox"/>	
Year built	Number of storeys	Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	
Updates <input type="checkbox"/> Complete <input type="checkbox"/> Partial	Electricity <input type="checkbox"/> Year — Plumbing <input type="checkbox"/> Year —	Heating <input type="checkbox"/> Year — Roof <input type="checkbox"/> Year —	

Neighbouring Risks *(Construction, Distance and Occupancy)*

Left
Right
Behind

Fire Protection

Fire hydrant within 155 metres (500 ft.):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Distance
Fire hall within 2.5 kilometres (1.5 mile):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Distance
Portable fire extinguishers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Automatic fire extinguishers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Protection <input type="checkbox"/> Partial protection <input type="checkbox"/>

Theft Protection

Degree of protection: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Make	System connected to: Central station <input type="checkbox"/> Unconnected <input type="checkbox"/> ULC approved <input type="checkbox"/>
Line security: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of safe:
RAM-type case: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:

Insured History

How long have you known the applicant?

Applicant's experience in the type of business:

How long has the applicant operated a business of this kind?

Give details of any claims in the last five years

Has the applicant been declined or cancelled by an insurer during the last five years?

Insurer and current premiums, if known

Expiry date dd/mm/yyyy

Summary of Coverage

Property coverage		Fire	All risks	Co-insurance	Deductible	Limit
Building	Replacement Cost <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
Equipment	Replacement Cost <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
Office Equipment		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
Business Interruption No Co-Insurance		<input type="checkbox"/>	<input type="checkbox"/>		-	\$
Business Interruption Standard Form		<input type="checkbox"/>	<input type="checkbox"/>		-	\$
Business Interruption Broad Form		<input type="checkbox"/>	<input type="checkbox"/>		-	\$
Business Interruption Actual Loss Sustained		<input type="checkbox"/>	<input type="checkbox"/>	-	-	-
Rental Value Insurance		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
Other Coverages :		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$

Other Coverages

	Deductible	Limit
Machinery: without air conditioning <input type="checkbox"/> with air conditioning <input type="checkbox"/> electronic equipment <input type="checkbox"/>	\$	\$
Perishable goods	\$	\$
Glass breakage: thermopane <input type="checkbox"/> single <input type="checkbox"/> Size <input type="checkbox"/> cu.ft or <input type="checkbox"/> cu.m	\$	\$
Deductible waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

Crime Coverage

3-D form Form A <input type="checkbox"/> Form B <input type="checkbox"/>	\$	\$
Inside/Outside Robbery	\$	\$
Money and Securities Inside and Outside Premises	\$	\$

Liability Coverage

Premises and Operations (limit per occurrence)	\$	\$
Products Completed Operations (Products-Completed Operations Aggregate Limit)	\$	\$
General Aggregate Limit	\$	\$
Tenant's Legal Liability	\$	\$
Other:	\$	\$
	\$	\$
	\$	\$

Sudden and Accidental Pollution : Yes No if so, age of tanks: years

Annual gross receipts from each type of operation (\$)

	% receipts from off-premises operations	number of employees	
Are there any US Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No			% of receipts. US Sales for how many years?
If no, were there ever any US sales in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year	Receipts \$
Any foreign sales outside US? <input type="checkbox"/> Yes <input type="checkbox"/> No			% of receipts. Foreign Sales for how many years?
If no, were there ever any foreign sales in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		Country	Year Receipts \$

Additional Information

Date Applicant's signature

Broker