

**BROKERAGE INFORMATION**

Date quote required \_\_\_\_\_

Brokerage \_\_\_\_\_ Producer \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Applicant \_\_\_\_\_

Mailing Address of Applicant \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Website \_\_\_\_\_

Business Formation (e.g. Corporation, Partnership, Individual, Joint Venture) \_\_\_\_\_

Year Established \_\_\_\_\_ Is this a not-for-profit organization?  Yes  No

Principal (s) \_\_\_\_\_

Name and address of subsidiaries (domestic and foreign): \_\_\_\_\_

**DESCRIPTION OF ALL OPERATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**PRIOR INSURANCE**

Prior Carrier & Policy # \_\_\_\_\_

Is renewal being offered?  Yes  No If no, please advise why \_\_\_\_\_

Expiring Policy term \_\_\_\_\_ Expiring or Target Premium \_\_\_\_\_

Has any insurer ever refused or cancelled any insurance?  Yes  No If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

**UNDERWRITING INFORMATION**

If more than one location, please make copies and complete pages 2 & 3 for all locations to be insured.

Location No. \_\_\_\_\_ Building No. (If applicable) \_\_\_\_\_

Owned  Leased

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Occupancy by Insured \_\_\_\_\_  Ft<sup>2</sup> or  M<sup>2</sup>

Occupancy by Others \_\_\_\_\_  Ft<sup>2</sup> or  M<sup>2</sup>

Occupancy of immediately adjacent premises:

Right \_\_\_\_\_ Distance \_\_\_\_\_  Ft<sup>2</sup> or  M<sup>2</sup>

Left \_\_\_\_\_ Distance \_\_\_\_\_  Ft<sup>2</sup> or  M<sup>2</sup>

**Construction**

Number of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Total Area \_\_\_\_\_ Ft<sup>2</sup> \_\_\_\_\_ M<sup>2</sup>

- Walls:**  Poured Concrete (Fire resistive)  HCB - Hollow concrete block (Masonry)  Frame and all other  
 Frame w/brick veneer (Masonry Veneer)  Frame metal clad (Frame and all other)  Solid brick (Masonry)  
 Concrete panels on steel structure (Non-Combustible with Masonry Walls)  
 Steel on Steel (Non-Combustible with Non-Masonry Walls)  
 Metallic panels on steel structure (Non-Combustible with Non-Masonry Walls)  
 Wood (Frame and all other)  Fire resistive  Non-combustible with masonry walls  
 Non-combustible with non-masonry walls  Masonry (ex: solid bricks or cement blocks)  
 Masonry veneer (ex: brick veneer)

- Floors:**  Poured Concrete or Fire resistive material  Frame and all other  Masonry  
 Concrete panels on steel structure  Masonry on wood structure or other combustible material  
 Heavy Beam or "Mill"  Non-combustible (steel) with masonry  Non-combustible (steel) without masonry  
 Wood  Steel  Brick or Stone

- Basement:**  Poured Concrete (Fire resistive)  HCB - Hollow Concrete Block (Masonry)  Other \_\_\_\_\_

- Roof:**  Frame on steel joists  Frame on wood joists  Heavy Beam or "Mill"  Poured Concrete  
 Steel Deck  Steel Beam

- Roof Covering:**  Asphalt shingles  Steel deck  Tar and gravel  Concrete on steel structure  
 Concrete tiles  Metal  Wood Shakes  Tile  Slate  Rubber or polymer  Tar paper  
 Plastic  Glass dome or skylight panels  Wood shingles  Glass or Polyethylene or Polycarbon on Metal

- Electrical:**  Breakers  Fuses  Breaker & Fuses  \_\_\_\_\_

- Plumbing:**  Copper  Lead  Plastic - PVC or CVS  Galvanized  Stainless steel  Steel  Copper/Plastic PVC mix

- Heating:**  Boiler  Radiant  Electric  Furnace  Fireplace Other \_\_\_\_\_  
 Fuel Used: \_\_\_\_\_

Have there been any renovations/upgrades at this location?  Yes  No

If yes, describe and provide dates \_\_\_\_\_  
 \_\_\_\_\_

**Inspection**  This risk was not inspected Date Risk was Inspected: \_\_\_\_\_

Inspected by: \_\_\_\_\_

This risk is:  Excellent  Very Good  Good  Average  Fair  Poor

Do you have an appraisal?  Yes  No Appraisal date \_\_\_\_\_



Coverage	Limit	Deductible	Co-Ins	RC/ACV	BF/NP	Rate	Premium
Buildings							
Tenants Improvements							
Contents							
Equipment							
Stock							
Property of Others							
Contractors Equipment							
All Other Property (please describe)							
Business Interruption							
Crime							

**DECLARATION & SIGNATURE**

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

**THIS APPLICATION MUST BE SIGNED BY THE RISK MANAGER OR OTHER PERSON RESPONSIBLE FOR PURCHASING INSURANCE.**

Applicant's Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

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

Date \_\_\_\_\_

Broker's Signature \_\_\_\_\_

Date \_\_\_\_\_