

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

a) Breakdown of applicant's operations and Gross Receipts:

OPERATIONS - PRODUCTS	GROSS RECEIPTS	% DISTRIBUTION		
		CANADA	USA	OTHER
TOTAL				

b) Number of employees and annual payroll:

	ADMINISTRATION	SERVICE	SALES	OTHER	TOTAL
Employees					
Annual Payroll					

c) Does applicant handle any material that could cause pollution? Yes No

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 _____ Ft² or M²

Occupancy by Others _____ Ft² or M²

Occupancy of immediately adjacent premises:

Right _____ Distance _____ Ft² or M²

Left _____ Distance _____ Ft² or M²

Construction

Number of Stories _____ Year Built _____ Total Area _____ Ft² _____ M²

- 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 _____

Fire Protection

Fire Hydrants Unprotected Within 150m Within 300m Over 300m

Fire Dept. Within 5KM Within 8KM Within 12KM Over 12KM

Smoke Detectors Yes No

Fire Alarm: Central Station Monitoring Station (full service or shared service?) Local alarm
 (copy of alarm certificate required)

Extinguishing System Type: Portable Extinguisher(s) Sprinkler None Other _____

Extinguishing Agent Type: Water Halon Wet Chemical Dry Chemical Other _____

Crime Protection

Burglar Alarm Central Station Monitoring Station (full service or shared service?) Local alarm
 (copy of alarm certificate required)

Watchman Service Yes No 24 hours Outside of business hours

Safe Type Fire Burglary Vault None

Safe Class 1 2 3 4 5 Other _____

Mortgagee/Loss Payee:

Yes No If yes, please provide name and address below.

As Per Standard Mortgage Clause OR As Their Interest May Appear

PROPERTY

Does applicant have any interest as owner, lessee or tenant in following?

Freight and/or passenger elevator Yes No

If yes, specify number, type, capacity, use and locations: _____

Lots Yes No

If yes, specify location, area, use: _____

Owned watercraft Yes No

Or _____

Leased or chartered watercraft Yes No

If yes, specify number, type, length, H.P. _____

Leased aircraft Yes No

If yes, specify the number and annual cost of leasing: _____

INCIDENTAL MALPRACTICE LIABILITY

a) Does applicant operate a hospital, a clinic or first aid facility? Yes No

If yes, specify:

	Full Time	Part Time
Number of Doctors	_____	_____
Number of Nurses	_____	_____

b) Is individual liability of employed doctors and nurses covered by insurance? Yes No

If yes, what are the limits of insurance provided? _____

CONTRACTUAL LIABILITY

Does applicant assume any liability, by contract, verbal or written agreement? Yes No

 If yes, attach wording of such contract or written agreements.

PRODUCTS LIABILITY

a) List by category, all products manufactured, sold, handled or distributed by the applicant along with annual sales for each.

b) Specify the percentage of annual sales:

- in Canada _____ %
- in United States _____ %
- in other countries _____ %

If other countries, please list the countries - _____

c) Give details of operations away from applicant's premises: _____

d) Describe products whose manufacturing has ceased. Give reason for discontinuing production and year. Specify annual sales:

e) Does applicant have operations outside Canada? Yes No

If yes, in which country and what is the corresponding amount? _____

f) Has the applicant included brochures or other relevant documentation concerning the products? Yes No

g) Are there any products or activities related to nuclear energy or defense? Yes No

h) Do any products or activities imply usage of radio-isotopes or radioactivity? Yes No

OTHER EXPOSURES

Is the applicant subject to the following risks?

- a) Work committed to sub-contractors or independent contractors? Yes No

Type of work: _____

Annual costs: _____

- b) Railroad operation: Yes No

Fully describe any railway network owned, used or operated by the insured: _____

OTHER EXPOSURES (CONTINUED)

- c) Advertising: Yes No

Description: _____

Estimated annual advertising expenditure over \$10,000: _____

Advertising agency: _____

Others : _____

Description of unusual advertising activities such as contests, exhibits: _____

- d) Pollution (chemical products, gases, wastes) Yes No

If yes, specify quantities, methods of storage and handling, methods of transportation off-premises, permission given to others to dispose of waste on premises, type of supervision:

EMPLOYER'S LIABILITY

Is Government workmen's compensation insurance available in all provinces in which the applicant conducts business? Yes No

If yes, does applicant take advantage of it? Yes No

If no, specify provinces and payroll: _____

AUTOMOBILE

- a) Number of vehicles _____ Private _____ Motorized Equipment
_____ Light _____ Trailers
_____ Heavy _____ Buses

- b) Number of employees using their car for company business: _____
- c) Are vehicles utilized for long haul
- Across the country Yes No
 If yes, which provinces? _____
 - In United States Yes No
 If yes, which states? _____
- d) Are vehicles utilized in the transportation of flammable, caustic or explosive substances? Yes No
- e) Are there any non-owned vehicles / if yes, give details: Yes No
 number _____ use _____

CLAIMS HISTORY

Have you had any claims in the past five (5) years? List all Liability claims, whether settled or not. Yes No

If yes, please attach your five (5) year claims experience or complete the following

Date of Loss	Description of Loss	Reserve	Paid	Expenses	Total
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

SCHEDULE OF PRIMARY POLICIES

COVERAGE	CARRIER	POLICY TERM	LIMIT	PREMIUM
General Liability				
Automobile				
Professional				
Directors and Officers				
Others (ex. Aviation, Marine)				

Do these policies insure all corporations and subsidiaries listed in item 1 ? Yes No
 If not, explain:

BROKER DECLARATION:

I have known this client since _____ This business/client is new to my office

COVERAGES

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

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 _____