

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): _____

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 of immediately adjacent premises:

Right _____ Distance _____ Ft² or M²

Left _____ Distance _____ Ft² or M²

*****NOTE: Pictures of the building (front and back) are required.****

OCCUPANCY INFORMATION

Is this an Absentee Landlord? Yes No Is there a Lease Agreement in place? Yes No

Is proof of insurance obtained from Tenants? Yes No

If yes, what limit is required for: CGL \$ _____

Tenant's Legal Liability \$ _____

Is Applicant named as an additional insured on the Tenants policy? Yes No

Building Maintenance

A. Cleaning and/or Janitorial services are done by:

Insured Yes No Tenant Yes No

Subcontractor Yes No Cost \$ _____ Other: (Specify) _____

B. Snow and Ice Removal are done by:

Insured Yes No Tenant Yes No

Subcontractor Yes No Cost \$ _____ Other: (Specify) _____

C. Other Maintenance services are done by:

Insured Yes No Tenant Yes No

Subcontractor Yes No Cost \$ _____ Other: (Specify) _____

D. Any other Loss Control Programs? Yes No

If yes, describe: _____

Construction

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

- 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 _____

Mortgagee/Loss Payee:

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

As Per Standard Mortgage Clause OR As Their Interest May Appear

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
		\$	\$	\$	\$
		\$	\$	\$	\$

BROKER DECLARATION:

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

COVERAGES

Coverage	Limit	Deductible	Co-Ins	ACV	Named Perils	Rate	Premium
Buildings			80%				
Rental Income							
Owners, Landlords and Tenants 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 _____