

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

Are there any Outbuildings? Yes No If yes, please describe outbuilding: _____

Mortgage Balance? _____

General condition of the building to be insured: New: ___ Good: ___ Fair: ___ Poor: ___

Description of area where building is located: Residential: ___ Commercial: ___ Industrial: ___ Other: ___

Existing damage to the building? Yes No If yes, describe existing damage: _____

Is the interior of the building free from refuse, garbage, etc.? Yes No

How often is the building inspected by the applicant or the applicant's representative?

Daily? Weekly? Monthly? Other?

Describe inspections: _____

Are utilities in the building operational? Yes No

How long has applicant owned the building to be insured? _____

Prior use of the building when occupied? _____

Identify all mortgages, lienholders and additional loss payees (if any): _____

Has the applicant been convicted of the crimes of arson or insurance fraud in the past ten (10) years? Yes No

Are there any uncorrected fire code violations at the property to be insured? Yes No

If yes, describe the violation and any corrective actions being taken. _____

Are any flammable, explosive or hazardous substances present at the property to be insured? Yes No

If yes, please identify the substances and describe the storage facilities (e.g. underground tanks, above-ground tanks, etc.). _____

Are the following safeguards present at the property to be insured and regularly maintained in good working order?

Local Burglar Alarm: Yes No

Central Station Burglar Alarm? Yes No

Central Station Fire Alarm? Yes No

Have there been any crime (including vandalism) committed or attempted at the property to be insured in the past three (3) years?

Yes No If yes, please describe. _____

Are any vehicles, equipment or machinery (whether or not operational) located on the property to be insured?

Yes No If yes, please describe. _____

Is there a parking lot at the property to be insured? Yes No

If your answer is yes, is it fenced or posted no trespassing? Yes No What is the size of the parking lot? _____

Are any swings or other playground equipment present at the property to be insured? Yes No

Is any railroad spur or sidetrack located on the property to be insured? Yes No

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 _____

Crime Protection

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

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	RC/ACV	BF/NP	Rate	Premium
Buildings							
Outbuildings							
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 _____