



\*\*\*Please advise steps taken to prevent / minimize any future such losses:

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**COVERAGE REQUIRED**

- Section 1 – Property       Section 2 – Crime

**GENERAL INFORMATION:**

Full description of business operations:	
Number of Years in Business:	Number of Years' Experience:

**SECTION 1 - PROPERTY**

**Location #1**

Year Built:	Number of Stories:
Are you responsible for building insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Area:                      sq ft	Area Occupied By Applicant:                      sq ft
Occupies Basement?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adjacent Exposures:	
Occupied by Applicant as:	Occupied by Other as:
Any portion of this building: Vacant or Unoccupied? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any portion of this building Under Renovation?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain:	

Structure Type:	Industrial Plaza <input type="checkbox"/>	Strip Plaza <input type="checkbox"/>	Stand-Alone Building <input type="checkbox"/>			
	Commercial/Residential <input type="checkbox"/>	Commercial Condo <input type="checkbox"/>	Other:			
Walls:	Frame	Brick Veneer	Masonry	HCB	Non-Combustible	Fire Resistive
	Stucco	Alum. Siding	Expanded Polystyrene Panels (EPS)		Other:	

Floor:	Concrete <input type="checkbox"/>	Wood Joist <input type="checkbox"/>	Wood <input type="checkbox"/>	Other:
Roof:	Wood Joist <input type="checkbox"/>	Steel Deck <input type="checkbox"/>	Concrete <input type="checkbox"/>	Other:
Heating:	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Oil <input type="checkbox"/>	Combination Furnace <input type="checkbox"/>
	Wood Stove <input type="checkbox"/>	Other:		
Electrical:	Fuses: <input type="checkbox"/>		Circuit Breakers: <input type="checkbox"/>	
Year Updated:	Heating:		Plumbing:	
	Electrical:		Roof:	

Fire Protection:	<input type="checkbox"/> Fire hydrant within 300 metres/1000 feet	<input type="checkbox"/> Fire Hall within 8km
	<input type="checkbox"/> Unprotected <input type="checkbox"/> Paid	<input type="checkbox"/> Volunteer
Distance to Responding Fire Department:		
Sprinklers:	<input type="checkbox"/> Yes ___ %	<input type="checkbox"/> No
Smoke Detectors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dust Collection System:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved Spray Booth:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the building have a ULC Automatic Fire Extinguishing System? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the system been independently tested within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any flammable/combustible liquids on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how much:		
How is it stored:		
Miscellaneous Information:		

**Note: If more than one building/location, please provide separate schedule.**

**SECTION 2 – CRIME**

Burglar Alarm:	<input type="checkbox"/> Central Station	<input type="checkbox"/> Monitored	<input type="checkbox"/> Local	<input type="checkbox"/> None
Percentage of Premises Alarmed:	%			
CCTV in place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Cameras: Inside:	Outside:
If yes, do you retain copies of these tapes for future use?				
Monitoring Company:	Percentage protected: %			
Dedicated line:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Connected for fire detection:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are metal bars on all windows & doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are all doors fitted with deadbolts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other Security Features:				
How many employees do you have on payroll?			How many would handle money?	
Do you have a Class II Safe on Premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you make daily deposits at the bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**LIMITS OF INSURANCE**

<b>Coverage:--</b>	<input type="checkbox"/> <b>Broad Form</b>	<input type="checkbox"/> <b>Named Perils</b>	<b>Deductible Co-Ins</b>	<b>Limit of Insurance</b>
Building(s)	<input type="checkbox"/> ACV	<input type="checkbox"/> RC	80%/90%	\$
Stock	<input type="checkbox"/> ACV	<input type="checkbox"/> RC	80%/90%	\$
Equipment	<input type="checkbox"/> ACV	<input type="checkbox"/> RC	80%/90%	\$
Electronic Equipment			80%/90%	\$
Office Equipment			80%/90%	\$
EDP Equipment Floater				\$
Profits			100%	\$
Gross Earnings			100%	\$
Rental Income Form			100%	\$
Extra Expense				\$
Detached Sign			100%	\$
Blanket Glass			\$500	\$ Blanket
Employee Dishonesty -				\$
Interior, Messenger and Paymaster Robbery				\$
Broad Form Money and Securities (overnight coverage is limited to				
\$250 subject to a ULC/CSA approved minimum Class II Safe or better)				
Safe Burglary (ULC/CSA approved minimum Class II Safe or better)				
\$				

**BROKER DECLARATION**

Is this account NEW to your office?       Yes    No      If No, how long have you known the applicant?  
 Is the applicant financially sound?       Yes    No  
 Have you personally seen this property?  Yes    No  
 Do you recommend this applicant?       Yes    No  
 Is the property for sale?                     Yes    No  
 Comments:

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

\_\_\_\_\_  
 Signature of Producer/Account Executive:

Date:\_\_\_\_\_

\_\_\_\_\_  
 Print Name of Broker/Producer & Brokerage:

**DISCLAIMER**

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application for insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of insurance.

The policy may be deemed to be void and claims may be denied where:

- 1. An applicant for a contract:
  - a) Provides false or erroneous information to the prejudice of the insurer; or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2. The insured contravenes a term of the Contract or commits a fraud; or
- 3. The insured willfully makes a false statement in respect of a claim under the Contract.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS. I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES.**

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Title of Applicant

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

Date: \_\_\_\_\_