

COMMERCIAL PROPERTY APPLICATION

PART 1: GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured or Applicant (Full Legal Name): _____

Mailing Address: _____ City / Province: _____ Postal Code: _____

Risk Location Address: _____ City / Province: _____ Postal Code: _____

Contact Person: _____

Business Activities: _____

Other Tenant's Activities: _____

Website (if applicable): _____ Desired Effective Date: _____

In operation since: _____

Previous Insurer: _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No

If yes, provide details: _____

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied: _____



PART 2: UNDERWRITING INFORMATION

Construction

Year Built: _____ No. of Storeys: _____

Total Building Sq. ft.: _____ Applicant's Sq. ft.: _____

Wall Construction: Concrete/Brick Steel Frame Wood Frame Other

Roof Construction: Concrete Steel Deck Wood Joist Steel on Steel Other

Roof Covering: Shingles Tar & Gravel Rubber Membrane Wood Shingle Metal Other

Heating Type: _____ Plumbing Type: _____ Electrical Type: Fuses Circuit Breaker

Year Updated: _____ Roof: _____ Heating: _____ Plumbing: _____ Electrical: _____



Protection

Alarm System: Monitored Local None Is the monitoring company ULC Approved No Yes

Sprinklered: No Yes _____ % Is Sprinklered Extinguishers: No Yes _____ No. of Extinguishers

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 feet Between 500 and 1000 feet Over 1000 feet

Distance to Fire Hall: _____ Km

Fire Department: Paid full time Paid part time Volunteer n/a

Neighbouring Exposures: Right: _____ Left: _____

Front: _____ Rear: _____

Additional Information: _____

PART 3: COVERAGE REQUIREMENTS

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Business Interruption <input type="checkbox"/> Profits <input type="checkbox"/> Gross Earnings	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater (complete MPF application)	
Other	

CRIME COVERAGES	AMOUNT OF INSURANCE
Employee Dishonesty (FORM A)	
Inside and Outside Robbery	
Broad Form Money & Securities	
Other	

OPTIONAL COVERAGE: (Select the following Optional Coverage that is required)

- Replacement Cost
- Sewer Back-up
- Flood
- Earthquake

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on the issuance of a policy or written binder specifically authorized by the Company or Agency. Quotations will be based upon the information provided and the applicant warrants that this information is true.

Authorized Signature: _____

Please Print Name: _____

Position or Title: _____ Date: [Click here to enter a date.](#)