

**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
<b>TOTAL</b>				

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 \_\_\_\_\_  Ft<sup>2</sup> or  M<sup>2</sup>

Occupancy by Others \_\_\_\_\_  Ft<sup>2</sup> or  M<sup>2</sup>

Occupancy of immediately adjacent premises:

Right \_\_\_\_\_ Distance \_\_\_\_\_  Ft<sup>2</sup> or  M<sup>2</sup>

Left \_\_\_\_\_ Distance \_\_\_\_\_  Ft<sup>2</sup> or  M<sup>2</sup>

**Construction**

Number of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Total Area \_\_\_\_\_ Ft<sup>2</sup> \_\_\_\_\_ M<sup>2</sup>

- 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 ? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 \_\_\_\_\_