



BROKER NAME: _____ BROKER CODE: _____

APPLICANT'S INFORMATION

NAME OF INSURED: _____ ENTITY: _____

MAILING ADDRESS: Street: _____

City: _____ Province: _____ PC: _____

LOCATION ADDRESS: Street: _____

(If different from above)

City: _____ Province: _____ PC: _____

WEB ADDRESS: http:// _____ Email: _____

LOSS PAYEE: Name: _____ Interest: _____

Street: _____

City: _____ Province: _____ PC: _____

POLICY PERIOD: From: _____ To: _____

APPLICANT'S OPERATION: _____ Years Experience: _____

OTHER'S OPERATIONS: _____ Apartment(s) in Building: Yes No

BUILDING

CONSTRUCTION: _____ Stories: _____ Year Built: _____ Building Ground Floor Area (ft²) _____

* If building age is 40+ years or roof age is 20+ years, provide year of last major updates: _____ Area Occupied by Insured (ft²) _____

UPDATES: Roof: _____ (year) Heating: _____ (year) Plumbing: _____ (year) Electrical: _____ (year)

- FLOORS: Concrete Frame
HEATING: Hot Air Furnace Hot Water/Steam Boiler Electric Heat Portable or Space Heaters
BUILDING: Works from Residence Enclosed Mall Strip Plaza Single Building Older Downtown Area
OCCUPANCY: Tenant Owner
BASEMENT: Full Partial None
ROOF: Concrete Frame Steel on Steel Joist

PLEASE FORWARD A PHOTOGRAPH OF THE BUILDING. (Not applicable to enclosed malls)

Table with 4 columns: Adjacent Risks, Distance (ft.), Construction, Occupancy. Rows: TO THE LEFT, TO THE RIGHT, TO THE FRONT, TO THE REAR.

PROTECTION

- FIREHALL: within 300m (1,000 ft) of hydrant within 8km (5 miles) of fire hall Unprotected
ALARM CONTRACT: Annual Semi-annual
PREMISES: Fenced Lighting All Windows Barred All Doors with Deadbolt Locks Stock stored outside building
BURGLARY: Central Monitored Local Police Risk on 3rd+ Floor
FIRE: Central Sprinklered CO 2 Wet Dry

Name of Alarm Company: _____ ULC Certified Certificate No.: _____

EXPOSURES

- CRIME: Safe on Premises Make: _____ ULC Label Description on Label: _____
MONEY: Daily Deposits Cheques countersigned
PROPERTY: Stock Susceptible To Water Damage Skids Drains Stockpiling Operation dependant on Key Machine

LIABILITY

TOTAL REVENUE / SALES: \$ _____ **PAYROLL:** \$ _____

- | | |
|---------------------------------|--|
| % Manufacturing: _____ | <input type="checkbox"/> U.S. Sales or Operations? |
| % Installation: _____ | <input type="checkbox"/> On premises processing / repairs |
| % Wholesale: _____ | <input type="checkbox"/> Some products are repackaged * |
| % Retail: _____ | <input type="checkbox"/> Some products are relabeled * |
| % Subtrades: _____ | <input type="checkbox"/> Brochures available outlining product/service * |
| % Consulting: _____ | * If checked, please forward sample(s). |
| % Other: _____ (describe) _____ | |

EMPLOYEE: # of Employees: _____ Office: _____ Other: _____ All employees are covered under Worker's Compensation

Applicant has "Hold Harmless" and/or "Waiver of Subrogation" clauses in favour of others (If "checked", please forward copy of agreements)

Applicant maintains Professional Liability coverage

Insurer: _____ Pol. #: _____ Expiry Date: _____ Policy Limit: _____

NON-OWNED AUTO:	ADVERTISING:	% Radio: _____	% Newspaper: _____
# vehicles rented / leased: _____	Budget: _____	% T.V.: _____	% Magazine: _____
# vehicles used in Insured's business: _____		% Internet: _____	% Other: _____

PACKAGE RATING

ELIGIBLE OCCUPANCY _____ **INDUSTRY CODE** _____

OPTIONAL INCREASED LIMITS	Required Limit	Included Limit	Increased Limit	Rate	Premium
Equipment + Stock = Contents		N/A	N/A	N/A	(A)
Computers (Hardware Only)		N/A	N/A	N/A	Included
Accounts Receivable		25,000		0.10	
Valuable Papers		25,000		0.10	
Sign Floater		2,500		2.50	
Comprehensive 3-D Form (Other Insuring Agreements)		5,000			
Commercial Blanket Bond (Form A Only)		5,000			
Commercial General Liability		2,000,000			

OPTIONAL ADDITIONAL COVERAGES

Building				
Rental Income				
Profits (Subject to a 12 month limitation)			A.L.S.	50.00
Miscellaneous Property (Portable PC's - Off Premises)				
Employers Liability (Ontario Only)				25.00
EARTHQUAKE				
FLOOD				

GROSS PREMIUM = (B)

PACKAGE DISCOUNTS/SURCHARGE

SUPERIOR RISK DISCOUNTS: Maximum 30% of Core Package Premium (A)

<input type="checkbox"/> Renewal (Insured through broker, loss free last 3 years)	10% x A =
<input type="checkbox"/> Fire Alarm (Central or Monitoring)	10% x A =
<input type="checkbox"/> Burglar Alarm (Central or Monitoring)*	20% x A =
<input type="checkbox"/> Multi-Policy (Commercial auto policy through Gore Mutual)	5% x A =
<input type="checkbox"/> Sprinklered	10% x A =
<input type="checkbox"/> Multiple Locations	10% x A =
* Discount doesn't apply, if a Risk Qualification Requirement	
Total: (C)	

SUPERIOR RISK DISCOUNTS = (C)

NET POLICY PREMIUM = (D)

EQUIPMENT BREAKDOWN LOADING + (E)
(REFER TO MANUAL)

DEDUCTIBLE DISCOUNTS = (F)

SURCHARGES + (G)

SURCHARGES

<input type="checkbox"/> No Prior Insurance	10% x (D-F) subject to min. =
<input type="checkbox"/> Age of Building greater than 40 years old	10% x (D-F) subject to min. =
Total: (G)	

DEDUCTIBLE DISCOUNTS (% of NET): (Minimum \$500 on all loss)

<input type="checkbox"/> 5% - \$1,000	<input type="checkbox"/> 10% - \$2,500	<input type="checkbox"/> 15% - \$5,000	x D = (F)
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TOTAL POLICY PREMIUM =
(Subject to Minimum)

BILLING INFORMATION

PAYMENT OPTIONS: Broker Bill FlexPlan

APPLICANT'S DECLARATION

Previous Insurer: _____ **Previous Policy #:** _____

Give details of all claims in last 5 years None

Date of Loss	Cause of Loss	Amount of Loss

Has any insurer ever cancelled, declined or refused to renew insurance for the applicant? Yes No

If yes, give details: _____

CONSENT AND DISCLOSURE

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

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.

Applicant's Signature _____ Date: _____

IMPORTANT - ANY POLICY ISSUED ON THE BASIS OF FALSE OR ERRONEOUS INFORMATION MAY BE VOID

BROKER'S DECLARATION

NOTE: Binding authority is subject to submission of Application within 5 days from date coverage bound.

Broker's assessment of the risk:			Date Risk Inspected: _____
Building Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Comments: _____	
Housekeeping of Premises:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair		
Neighbourhood:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair		
Overall Risk Assessment:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair		
Broker's Signature: _____			Date: _____

Brokers Notes (optional):

Miscellaneous Equipment Schedule:

Supplementary schedule attached

Year	Make	Model	Serial #	Equipment Description	\$ Limit	RC	ACV

SUMMARY OF COVERAGES



The following summary of coverages are subject to a Minimum \$ 500 Deductible on all losses,
unless otherwise specified and a Minimum Policy Premium.

For a detailed description of your coverage, refer to your policy wording.

<u>COVERAGE</u>	<u>Package</u>	<u>Limits</u>
Property		
Building (including Inflation Protection)		\$ _____
All Contents		\$ _____
Accounts Receivable	25,000	\$ _____
Automatic Fire Suppression System Recharge Expense	5,000	
Broad Blanket By Laws (Building only)	Included	
Building Damage by Theft	10,000	
Co-Insurance Waiver (5%/\$10,000)	Included	
Consequential Loss	Included	
Off Premises Power Interruption (48 hr waiting period)	10,000	
Exhibition Floater	10,000	
Exterior & Interior Glass	Included	
Extra Expense (100 % recovery within the first month)	100,000	
Fine Arts	5,000	
Fire Department Charges	5,000	
Growing Flowers, Plants, Shrubs or Trees (\$1000 per plant)	5,000	
Leasehold Interests [Rents] (maximum \$ 1,000/month)	12,000	
Rental Income, 100 % Co-Ins.	Optional	\$ _____
Master Key	10,000	
Newly Acquired: Building (30 day reporting)	250,000	
Newly Acquired: Equipment & Stock (30 day reporting)	100,000	
Other Transit	10,000	
Parcel Post	1,000	
Peak Season Increase (25 % Stock Limit)	Included	
Personal Property of Employees (maximum \$1000/person)	10,000	
Professional Fees	10,000	
Profits (12 month indemnity period)	100,000	
Profits - (Actual Loss Sustained) Endorsement	Optional	\$ _____
Property Temporarily Away from Premises	10,000	
Replacement Cost (Building and Equipment Only)	Included	
Sales Representatives	10,000	
Sewer Back-up (\$2,500 Deductible)	Included	
Sign Floater, 100% Co-Ins.	2,500	\$ _____
Valuable Papers	25,000	\$ _____
Earthquake	(refer to rate manual for Eligibility, Deductibles and Premiums)	\$ _____
Flood	(refer to rate manual for Eligibility, Deductibles and Premiums)	\$ _____
Crime		
Comprehensive 3-D - Form A (limits per insuring agreement)		
Employee Dishonesty	5,000	\$ _____
Loss Inside/Outside the Premises, Money Order & Counterfeit Paper Currency and Depositors Forgery	5,000	\$ _____
Liability		
Commercial General Liability (Occurrence/Aggregate)	2,000,000	\$ _____
Premises and Operations	Included	
Products and Completed Operations	Included	
Contractual Liability, Broad Form Automobile, Broad Form Property Damage	Included	
Contingent Employers Liability, Cross Liability	Included	
Extended Bodily Injury, Employees as additional insureds	Included	
Employee Benefits Liability (Deductible: \$ 1,000),	1,000,000	
Incidental Medical Malpractice, Limited World-Wide liability	Included	
Newly Acquired Organizations (90 Days)	Included	
Owners and Contractors Protective, Personal Injury	Included	
Medical Payments	25,000	
Non-Owned Automobile (SPF 6), SEF 96 & 99	2,000,000	
Legal Liability for Damage to Hired Auto (SEF 94)	25,000	
Advertising Injury	25,000	
Tenants Legal Liability (Broad Form)	1,000,000	
Employers Liability (Full Time Clerical Employees Only) \$ 1,000,000 limit	Optional	\$ _____
Boiler		
Equipment Breakdown (refer to wording for Deductibles and Eligibility)		Contents Limit