



# COMMERCIAL APPLICATION

HEAD OFFICE – SASKATOON, SASK.

<input type="checkbox"/> NEW BUSINESS		<input type="checkbox"/> RENEWAL		<input type="checkbox"/> QUOTATION ONLY		<input type="checkbox"/> REPLACING POLICY NO. _____	
AGENT/ BROKER							AGENCY NO.
EFFECTIVE DATE	DAY	MONTH	YEAR	EXPIRY DATE	DAY	MONTH	YEAR
12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.							
NAMED INSURED AND MAILING ADDRESS				ADDRESS OF INSURED PREMISES (IF DIFFERENT FROM MAILING ADDRESS)			
OCCUPIED BY THE INSURED AS:			OCCUPIED BY OTHERS AS:			CONSTRUCTION:	
						NO. OF STOREYS	ROOF:
LOSS, IF ANY, IS PAYABLE AS FOLLOWS: (ABSENCE OF ENTRY INDICATES LOSS PAYABLE TO INSURED)							

## INSURANCE REQUIREMENTS

Check  Coverage – perils/hazards to be insured and indicate Amounts of Insurance. **Complete Applicable Rating Information in the body of the Application.**

COVERAGE	COVERAGE		DEDUCTIBLE \$	CO-INSURANCE %	LIMITS OF INSURANCE	RATE	PREMIUM
	FIRE & E.C.	Multi-Peril					
Building					\$		\$
Equipment (Incl. Tenants improvements)							
Stock							

II. BURGLARY/ROBBERY	III. LIABILITY																																														
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**FIRE RATING INFORMATION**

**CONSTRUCTION:**

HEIGHT: \_\_\_\_\_ Stys. BASEMENT:  Yes  No AGE OF BUILDING: \_\_\_\_\_ Years
WALLS:  Brick  Concrete Block  Brick Veneer  Metal Clad  Steel on Steel
 Frame/Stucco  Frame  Mixed Const. (Specify % of Each) \_\_\_\_\_
ROOF:  Tar & Gravel  Asphalt  Patent  Composition  Metal  Other \_\_\_\_\_
FLOORS:  Wood  Concrete TOTAL BUILDING FLOOR AREA \_\_\_\_\_ Sq. Ft. Insured's Portion \_\_\_\_\_ Sq. Ft.
HEATING: \_\_\_\_\_ No. of Units  Steam  Hot Water  Hot Air FIRE RESISTIVE ROOM:  Yes  No
FUEL:  Natural Gas  Propane  Oil  Electric  Other (Specify) \_\_\_\_\_
CHIMNEY:  App. Gas Vent  Brick  To Ground  Lined  Unlined
WIRING:  Automatic Circuit Breakers  Tamper Resistant Fuses  Ordinary Fuses
EXPOSURES: N \_\_\_\_\_ Ft. to \_\_\_\_\_ Storey \_\_\_\_\_ Const. \_\_\_\_\_ Occupancy \_\_\_\_\_
S \_\_\_\_\_ Ft. to \_\_\_\_\_ Storey \_\_\_\_\_ Const. \_\_\_\_\_ Occupancy \_\_\_\_\_
(Exposing Buildings) E \_\_\_\_\_ Ft. to \_\_\_\_\_ Storey \_\_\_\_\_ Const. \_\_\_\_\_ Occupancy \_\_\_\_\_
W \_\_\_\_\_ Ft. to \_\_\_\_\_ Storey \_\_\_\_\_ Const. \_\_\_\_\_ Occupancy \_\_\_\_\_

**PROTECTION:**

HAND EXTINGUISHERS: No. of and Type \_\_\_\_\_
HYDRANT:  Yes  No Within \_\_\_\_\_ ft.
FIRE DEPARTMENT:  Full  Volunteer  None
AUTOMATIC SPRINKLERS:  Yes  No;  Wet  Dry

**SPECIAL HAZARDS:**

**GARAGE, SERVICE STATION, REPAIR SHOP, IMPLEMENT DEALER:**

SPRAY PAINTING:  Yes  No APPROVED BOOTH:  Yes  No TIRES & TUBES: \_\_\_\_\_ % of stock value.
WELDING:  Yes  No Oxy-Acetylene:  Yes  No Electric:  Yes  No Propane Filling:  Yes  No
HAZARDOUS LIQUIDS USED OR STORED:  Yes  No; Kind \_\_\_\_\_ Quantity \_\_\_\_\_
AGE OF UNDERGROUND GAS TANKS \_\_\_\_\_ YEARS.

**HOTELS AND RESTAURANTS:**

Electric Cooking:  Yes  No Deep Fat Frying or Gas Grill:  Yes  No Liquor: \_\_\_\_\_ % of stock value. \_\_\_\_\_ % of sales.
Automatic Extinguishing System:  Yes  No 6 Month Maintenance Contract:  Yes  No
Describe System: \_\_\_\_\_

**CHURSHES:**

Candles or Braziers:  Yes  No Pipe Organ:  Yes  No Lightning Rods:  Yes  No
Attic or Enclosed Roof Space:  Yes  No Kitchen  Yes  No Type of Cooking: \_\_\_\_\_

**BUTCHER SHOP:** Smoking or Rendering:  Yes  No

**HALLS:**

Community Owned:  Yes  No Privately Owned:  Yes  No Permanent Liquor License:  Yes  No
Electric Cooking:  Yes  No Deep Frying or Gas Grill:  Yes  No
Automatic Extinguishing System:  Yes  No 6 Month Maintenance Contract:  Yes  No

**GENERAL COMMENTS:**

Housekeeping:  Fair  Good  Very Good
Physical Condition:  Fair  Good  Very Good

**MULTI-PERIL**

**Commercial Building Insurance** (Complete Fire Rating Information)

**Commercial Property Insurance** (Complete Fire Rating Information and answer questions below)

- (a) If premises is equipped with a Burglar Alarm System complete item (e) under Crime Rating Information.
(b) If the stock is stored in the open specify limit of insurance and location \_\_\_\_\_
(c) If property is used for Demonstration or Testing provide full details \_\_\_\_\_
(d) If property is leased or rented to others provide full details \_\_\_\_\_

**Office Equipment Insurance** (Complete Fire Rating Information)

**Accounts Receivable Insurance** (Complete Fire Rating Information and answer questions below)

- (a) Describe type of receptacles in which Accounts Receivable Records are kept \_\_\_\_\_
(b) If duplicate records are kept, describe where and length of time kept \_\_\_\_\_
(c) If not duplicated, in the event of loss would there be any means of reconstructing the destroyed records?  Yes  No
(d) Amount of Account Receivable last year: Average Amount (monthly) \$ \_\_\_\_\_ ; Maximum Amount (monthly) \$ \_\_\_\_\_
(e) Applicant estimates \_\_\_\_\_ % increase or decrease in Accounts Receivable during next 12 months.

**Valuable Papers and Records Insurance** (Complete Fire Rating Information and answer questions below)

- (a) Describe type of receptacles in which Valuable Papers and Records are kept \_\_\_\_\_
(b) Specify type of coverage required:  Blanket  Specific (if Specific, attach list of items with applicable values)

**Neon Sign Insurance** (Complete Schedule of Signs to be insured.)

Inside or Outside	Type of Sign	Lettering of Sign	Amount of Insurance

**Miscellaneous Property Insurance** (Complete Schedule of Property to be insured. Attach additional schedule if space insufficient.)

Item #	Type of Article	Manufacturer's Name	Serial #	Amount of Insurance

- (a) Is the property in sound condition?  Yes  No
- (b) Specify form desired:  Named Perils  All Risk
- (c) Loss, if any, payable to: \_\_\_\_\_

**Contractor's Equipment/Municipal Machinery Insurance** (Complete Schedule of Equipment to be insured. Attach additional schedule if space insufficient.)

Item #	Model Year	Manufacturer's Name	Type of Machine	Serial #	Amount of Insurance

- (a) Nature of Applicant's business \_\_\_\_\_
- (b) Will the equipment be used for:  Brush Clearing,  Logging or Forestry,  Sawmill Operations,  Ice or Muskeg Operations
- (c) Loss, if any, payable to: \_\_\_\_\_

**Crime**

- (a) If the Applicant employs a Watchman or Security Service, state the number who will be on duty at all times when the premises are not open for business \_\_\_\_\_  
Also specify how often rounds are made and whether or not checks are registered on a watchman's clock or with a Central Station \_\_\_\_\_
- (b) Are all entrances to the premises visible from the street?  Yes  No      Is the premises lighted at night?  Yes  No
- (c) Doors and Windows: Describe locks and special protection \_\_\_\_\_
- (d) Do the police patrol the area?  Yes  No      If so, how often? \_\_\_\_\_
- (e) If the premises is equipped with a Burglar Alarm System complete the following:

Name of Alarm System	Alarm Signal			If U.L.C. approved state		Class of Installation		Protects		
	Local	Central	Other	Cert. No.	Expiration Date	Complete	Partial	Safe	Vault	Premises

- (f) If the premises is equipped with a safe or vault, complete the following (\*Do not include thickness of insulation or boltwork)

Manufacturer's Name	Serial No. of Safe	Construction of Vault	*Thickness of Steel in:			Comb. Lock (Yes-No)	Class of Safe (See Label)
			Door	Sides	Top		

**Comprehensive Dishonesty, Disappearance and Destruction**

Insuring Agreements	Limits of Liability
1. Employee Dishonesty Coverage*	1. _____
2. Loss inside the Premises Coverage	2. _____
3. Loss Outside the Premises Coverage	3. _____
4. Money Orders and Counterfeit Paper Currency Coverage	4. _____
5. Depositors Forgery Coverage	5. _____

- (a) State the total number of all employees \_\_\_\_\_
- (b) Of total employees state number of Class "A" (Regular) \_\_\_\_\_; Class "A" (Special) \_\_\_\_\_; Class "B" \_\_\_\_\_ Class "C" \_\_\_\_\_
- (c) If excess limits are required indicate position involved; the name of the Individual; and the additional coverage required. \_\_\_\_\_

\* Complete and submit Fidelity Applications for all Class "A" employees when limits required are in excess of \$10,000.

**Liability**

- (a) Describe All Premises and/or Operations to be insured (include territory of operations) \_\_\_\_\_
- (b) Specify: (i) Floor area occupied by Insured \_\_\_\_\_ Sq. ft. (ii) Annual Gross Sales/Receipts \$ \_\_\_\_\_  
(iii) Annual Payroll \$ \_\_\_\_\_ (iv) Annual Liquor Receipts \$ \_\_\_\_\_

Note: If more than one operation is carried on from a single location please provide Payroll, Sales and/or Receipts Breakdown.

- (c) If Independent Contractors are employed by the Applicant, give an annual estimate of such costs \$ \_\_\_\_\_
- (d) How long has the Applicant been in present business? \_\_\_\_\_
- (e) Provide the name, address, relationship and business of all allied and subsidiary companies under control or Active Management of the Applicant. \_\_\_\_\_
- (f) Are these subsidiaries to be insured?  Yes  No
- (g) Are the applicants' products sold or distributed in the U.S.A.? \_\_\_\_\_
- (h) Provide a general description of all products manufactured, sold or serviced and attach any brochures, catalogues, advertisements, guarantees, etc. \_\_\_\_\_
- (i) If the Applicant modifies, assembles, packages or distributes products of others or assumes responsibility for their products provide full details. \_\_\_\_\_

**Tenants Legal Liability** (Complete Fire Rating Information)

**Non-Owned Automobile Liability**

- (a) Provide the number of partners, officers and employees who regularly use automobiles not owned by the Applicant. \_\_\_\_\_
- (b) If automobiles are hired or obtained under contract, advise the estimated cost of hire or contract cost \$ \_\_\_\_\_

**Glass** (Complete Schedule of Glass to be insured. Attach additional Schedule if space insufficient)

Item No.	No. of Units	Height (inches)	Width (inches)	Interior or Exterior	Description of Glass (Specify Exact Type)	Position of Glass	Provide Installed Cost of Glass if other than Pln. Plate or Dble. Diam.

- (a) If the glass is not free of cracks and other defects explain fully and indicate item(s) affected \_\_\_\_\_
- (b) If any of the glass is situated in buildings under construction or undergoing renovations provide full details and indicate item(s) affected. \_\_\_\_\_

**General Information – Important, please complete all questions.**

Is Applicant  Individual  Partnership  Corporation

If the Applicant is a "Limited Company" provide the names of all principals \_\_\_\_\_

Are there any current violations of fire safety, health, building or construction codes at this location?  Yes  No

Has anyone with a financial interest in this property been convicted of arson, fraud, or other crime related to loss on property owned now or during the last 5 years?

Yes  No

Is any portion of the building or any apartment vacant, unoccupied or seasonal?  Yes  No

**Loss Experience**

PROVIDE DETAILS OF ANY LOSSES OR CLAIMS WHICH HAVE OCCURRED DURING THE LAST 5 YEARS. IF NONE, PLEASE SO INDICATE.

Date	Amount	Cause of Loss	Corrective Measures, if any taken to prevent recurrence

HAS ANY FORM OF INSURANCE ON YOUR PROPERTY EVER BEEN CANCELLED, DECLINED OR HAS RENEWAL BEEN REFUSED OR SPECIAL/RESTRICTIVE TERMS IMPOSED? IF SO, PROVIDE DETAILS:

Name of Previous Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

Where (a) an Applicant for a contract, (i) gives false particulars to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.

**Consent**

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

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.

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

**Agent's Remarks** (Questions (a) to (e) must be answered by Agent/Salesperson)

- (a) Is this new business to your Agency?  Yes  No
- (b) Do you know the Applicant personally?  Yes  No If so, for how long? \_\_\_\_\_
- (c) Can and do you recommend all the Applicants as persons of honesty and financial stability?  Yes  No
- (d) Does the risk qualify for the Coverage applied for (i.e. All Risk)  Yes  No If "No" explain \_\_\_\_\_
- (e) Do you recommend acceptance of this Risk?  Yes  No If "No" explain \_\_\_\_\_

Signature of Agent/Salesperson \_\_\_\_\_ Date \_\_\_\_\_