



FACSIMILE QUOTATION REQUEST FORM

TEL: (306) 653-4232
FAX: (306) 664-1957

DATE: AGENCY NAME: NAME OF INSURED: LOCATION OF RISK: OCCUPIED BY INSURED AS (BUSINESS): OCCUPIED BY OTHERS AS (BUSINESS):

CONSTRUCTION:

Height: Walls: Roof: Floors: Heating: Fuel: Chimney: Wiring: Exposures: Stys. Basement: Yes No Age of Building: Years Brick Concrete Block Brick Veneer Metal Clad Steel on Steel Frame/Stucco Mixed Construction (Specify % of Each) Tar & Gravel Asphalt Patent Composition Metal Other Wood Concrete TOTAL GRADE FLOOR AREA Sq. Ft. No. of Units Steam Hot Water Hot Air FIRE RESISTIVE ROOM: Yes No Natural Gas Propane Oil Electric Other (Specify) Approved Gas Vent Brick To Ground Lined Unlined Automatic Circuit Breakers Tamper Resistant Fuses Ordinary Fuses N Ft. to Storey Const. Occupation S Ft. to Storey Const. Occupation E Ft. to Storey Const. Occupation W Ft. to Storey Const. Occupation

PROTECTION:

Hand Extinguishers: No. of and Type Hydrant: Yes No Within 1000' Yes No Fire Department: Full Volunteer None Automatic Sprinklers: Yes No Wet Dry Alarm System: Yes No Local Central Station Describe:

SPECIAL HAZARDS

GARAGE, SERVICE STATION, REPAIR SHOP, IMPLEMENT DEALER:

Spray Painting: Yes No Approved Booth: Yes No Welding: Yes No Oxy-Acetylene Yes No Electric Yes No Hazardous Liquids Used or Stored: Yes No; Kind Quantity HOTELS AND RESTAURANTS: Deep Fat Frying or Gas Grill: Yes No Electric Cooking: Yes No Automatic CO2 Yes No Maintenance Contract: Yes No

PREVIOUS CLAIMS: List details including date of loss, full details and amount paid out over the last five years.

Has any Insurer ever cancelled or declined to issue any class of insurance applied for under this Application? Yes No If Yes, give full particulars.

PREVIOUS INSURER: POLICY NO.

COVERAGES REQUIRED

PROPERTY: Fire, E.C. & M.D. All Risks Deductible Co-Insurance AMOUNT BUILDING Business INTERRUPTION (Kind?) STOCK EQUIPMENT

CRIME:

Amount of Insurance \*Describe Safe # of Employees Mercantile Stock Safe Burglary\* 8 Point Storekeepers Comprehensive Dishonesty, Disappearance & Destruction\* Damage to Building Church Theft Robbery Holdup

COMMERCIAL GENERAL LIABILITY:

Amount of Insurance

TENANTS LEGAL LIABILITY:

Fire All Risks Amount of Insurance

ADDITIONAL LIABILITY INFORMATION:

Experience in Business Years No. of Employees Annual Payroll \$ Annual Gross Receipts \$ U.S. Exposure Yes No Cost of Work Sublet \$

BOILER & MACHINERY (EQUIPMENT & BREAKDOWN INSURANCE):

Limit of Liability:

- OPTION 1 - Basic Coverage EXCLUDING Air Conditioning and Refrigerating Equipment
OPTION 2 - Broad Coverage INCLUDING Air Conditioning and Refrigerating Equipment
OPTION 3 - Comprehensive Plus INCLUDING Electronic Equipment and Loss Due to Spoilage

GLASS:

Length Width Description of Glass Installed Cost

GENERAL COMMENTS:

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

Consumer and previous Insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this quotation for insurance or a renewal, extension or variation thereof. The information given in this quotation is correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

Date (y/m/d)