



BUSINESS POLICY

APPLICATION/WORKSHEET

GENERAL INFORMATION:								
<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> RENEWAL <input type="checkbox"/> QUOTATION ONLY <input type="checkbox"/> REPLACING POLICY NO.								
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
NAME & MAILING ADDRESS OF INSURED:				ADDRESS OF INSURED PREMISES (IF DIFFERENT FROM MAILING ADDRESS):				
INSURED IS THE <input type="checkbox"/> LESSOR <input type="checkbox"/> OWNER/OCCUPANT <input type="checkbox"/> TENANT								
INSURED'S BUSINESS (DESCRIBE)				OTHER BUSINESSES IN BUILDING (DESCRIBE)				
TOWN CLASSIFICATION: <input type="checkbox"/> METRO <input type="checkbox"/> PROTECTED <input type="checkbox"/> UNPROTECTED								
LOSS, IF ANY, IS PAYABLE AS FOLLOWS:				ABSENCE OF ENTRY INDICATES LOSS PAYABLE TO INSURED				
PACKAGE: <input type="checkbox"/> Burglar Alarm Credit <input type="checkbox"/> Owner Occupied Risk Credit <input type="checkbox"/> Sprinklered Risk Credit								
DEDUCTIBLE <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000				LIMIT		RATE		PREMIUM
BUILDING Construction Classification _____				\$		\$		\$
BUSINESS CONTENTS (Including Customer's Goods) Occupancy Classification _____				\$		\$		\$
COMMERCIAL PROPERTY ENHANCEMENT ENDORSEMENT – E72								\$ INCL.
BUSINESS LIABILITY				\$1,000,000 <input type="checkbox"/> _____				\$ INCL. \$
INCREASED LIMITS FOR:				POLICY LIMIT		LIMIT		PREMIUM
ACCOUNTS RECEIVABLE				\$ 25,000		\$		\$
CRIME (\$10,000 MAX.) # of Employees _____				\$ 1,000		\$		\$
FIRE DEPARTMENT CHARGES				\$ 25,000		\$		\$
OUTDOOR SIGNS				\$ 15,000		\$		\$
PROPERTY IN TRANSIT OR TEMPORARILY OFF PREMISES				\$ 25,000		\$		\$
TENANTS LEGAL LIABILITY				\$ 100,000		\$		\$
VALUABLE PAPERS				\$ 25,000		\$		\$
OTHER:								
OPTIONAL COVER								
ADDITIONAL INSURED - Landlord _____							<input type="checkbox"/> Yes	\$
ADDITIONAL INSURED - Equipment Lessor _____							<input type="checkbox"/> Yes	\$
ELECTRONIC DATA PROCESSING							\$	\$
EQUIPMENT BREAKDOWN							\$	\$
BLANKET GLASS – Policy Deductible (Applicable to Tenant in Building)							<input type="checkbox"/> Yes	\$
BLANKET GLASS – Reduced Glass Deductible - \$100							<input type="checkbox"/> Yes	\$
SCHEDULED GLASS							\$	\$
OTHER:							\$	\$
							TOTAL:	\$

UNDERWRITING INFORMATION

CONSTRUCTION:						
HEIGHT:	_____ Storeys	BASEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No			AGE OF BUILDING: _____ Years	
WALLS:	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Metal Clad	<input type="checkbox"/> Steel on Steel	
	<input type="checkbox"/> Frame/Stucco	<input type="checkbox"/> Frame	<input type="checkbox"/> Mixed Const.	(Specify % of Each)		
ROOF:	<input type="checkbox"/> Tar & Gravel	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Patent	<input type="checkbox"/> Composition	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
FLOORS:	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	TOTAL BUILDING FLOOR AREA _____ Sq. Ft.			INSURED'S PORTION _____ Sq. Ft.
HEATING:	<input type="checkbox"/> Steam	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Hot Air	Fire Resistive Room: <input type="checkbox"/> Yes <input type="checkbox"/> No		
FUEL:	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Other (Specify)	
CHIMNEY:	<input type="checkbox"/> App. Metal	<input type="checkbox"/> Brick	<input type="checkbox"/> To Ground	<input type="checkbox"/> Lined	<input type="checkbox"/> Unlined	
WIRING:	<input type="checkbox"/> Automatic Circuit Breakers		<input type="checkbox"/> Tamper Resistant Fuses		<input type="checkbox"/> Ordinary Fuses	

EXPOSURES:

Are there any restaurants, bowling alleys, billiard parlours, bars, taverns or manufacturers in the same building as the insured premises?
 Yes No

If yes please describe the exposure and indicate the number of feet between it and the insured premises:

Is there a masonry firewall with self-closing fire doors between the exposure and the insured premises? Yes No

GLASS: COMPLETE ONLY IF BLANKET GRADE FLOOR GLASS COVERAGE REQUIRED

<input type="checkbox"/> Single Plate	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	Lineal Ft.
<input type="checkbox"/> Double Plate	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	Lineal Ft.
<input type="checkbox"/>	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	Lineal Ft.

CRIME: COMPLETE ONLY IF ALL RISK OR OPTIONAL CRIME COVERAGE IS REQUIRED

Safe Manufacturer's Name	Safe Connected to An Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Thickness of Steel in: Door: Sides: Top:	Construction of Safe:	Comb. Lock <input type="checkbox"/> Yes <input type="checkbox"/> No	Class of Safe (if Labeled)
Burglary Protection <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central Station	Alarm Co. Certif. # _____ Expiry Date	Frequency of Deposits: Amount Carried at One Time: \$ Do Times of Deposit Vary? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Route Changed <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Money Kept on Premises Overnight \$ _____ And in What? _____	

GENERAL:

- Annual Gross Sales/Receipts excluding Rental Income: \$ _____ Annual Gross Rental Income: \$ _____
- If installation, repair or servicing operations carried out, what percentage of gross sales are derived from off premises work: _____%.
- Are there any deficiencies in maintenance or housekeeping? Yes No
If Yes, please describe _____
- Is Applicant Individual Partnership Corporation
- If the Applicant is a "Limited Company" provide the names of all principals _____
- Is any portion of the building or any apartment vacant, unoccupied or seasonal? Yes No

HISTORY:

Please provide details of any losses or claims which have occurred during the last 5 years. If none, please so indicate.	Name of Previous Insurer: POLICY NO.
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:	

DECLARATION:

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 _____

REMARKS:

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

Signature of Agent/Salesperson

Date