|  |  |
| --- | --- |
|  | Commercial Property Application |

INSURED

LEGAL NAME:

PRINICPAL OWNER/CONTACT:

EXPERIENCE IN THIS FIELD SINCE:

DATE BUSINESS ESTABLISHED:

BUSINESS TYPE:

TYPE OF INDUSTRY:

|  |  |
| --- | --- |
| POSTAL ADDRESS: |  |
|  |
|  |

## INSURANCE HISTORY

|  |  |
| --- | --- |
| PRIOR/CURRENT INSURER: |  |
| INSURED SINCE: |  |
| CURRENT BROKER: |  |
| POLICY NO: |  |
| PREMIUM: |  |

DO WE HAVE OTHER INSURANCE FOR THE INSURED: Yes  No

HAS THE INSURED BEEN REFUSED OR CANCELLED BY ANY INSURANCE COMPANY:

|  |  |  |
| --- | --- | --- |
| IF YES, GIVE DETAILS: | NONE |  |

**LOCATION:** **BUILDING:**

#### DESCRIPTION OF LOCATION:

Risk Location:

LOSS PAYABLE(S):

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | With Respect to: | Rank |
|  |  |  |  |

CLAIMS HISTORY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Claim Date | Paid | Pending | Description | Loss Details |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **TYPE OF INDUSTRY:** |  |

OCCUPANCY

|  |  |  |  |
| --- | --- | --- | --- |
| Occupancy by Insured: |  | Other Occupancy: |  |
| Building Occupancy: |  | Building Owner Occupied: |  |

INFORMATION ON RISK:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Walls: |  |  | Construction year: |  |  | No. of Stories: |  |  | Air conditioning |  |
| Other Walls: |  |  | Heating: |  |  | Area occup. by insured: |  |  | Fireplace: |  |
| Roof: |  |  | Other Heating: |  |  | Ground floor area: |  |  | Wood Stove: |  |
| First floor: |  |  | Electricity: |  |  | Elevator: |  |  | Sauna: |  |
| Other floors: |  |  | Plumbing: |  |  | Basement: |  |  | Pool: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Single Building | Industrial Mall: | Enclosed Mall: | Retail Strip Plaza | Apartment Building: | Other: |
|  |  |  |  |  |  |

RENOVATIONS:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Detail: | Stripped | Plumbing | Roof | Heating | Electricity |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

FIRE PROTECTION:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Fire Station: |  |  | Extinguisher: : |  |  | Automatic Sprinklers: | NONE |
| Fire Hydrant: |  |  | Type: |  |  | Automatic Co2 System: | NONE |
| Fire Alarm: |  |  | Type of Alarm: |  |  |

CRIME PROTECTION:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Alarm: |  |  | Alarm Company |  |  |  |  |

NEIGHBOURHOOD:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Left: |  |  | Front: |  |
| Right: |  |  | Rear: |  |

**INSPECTION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Premises Inspected: |  |  | Appreciation of Risk: |  |

|  |  |
| --- | --- |
| **DATE REQUIRED:** |  |

REMARKS

|  |
| --- |
|  |

**REQUESTED COVERAGES**

**LOCATION: BUILDING:**

## PROPERTY

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Deductible** | **Limit** | **Premium** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## BUSINESS INTERRUPTION

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Deductible** | **Limit** | **Premium** |
|  |  |  |  |

## CRIME

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Deductible** | **Limit** | **Premium** |
| Crime Broad Form | 0 | $5,000 |  |

## BOILER & MACHINERY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Deductible** | **Limit** | | **Premium** |
| Equipment Breakdown |  | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**  **I/We hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material fact(s). I/We agree that should a policy be issued, this form.** | | | |
| Name: | Date: | |
| Insured Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Broker Signature | |
|  | |