



# COMMERCIAL INSURANCE APPLICATION

**BILLING** COMPANY  BROKER/AGENT

INSURANCE COMPANY

 QUOTE  
 NEW  
 RENEWAL

POLICY / BINDER NUMBER

NUMBER OF LOCATIONS

PRODUCT NAME

**1. APPLICANT'S FULL NAME AND POSTAL ADDRESS****2. BROKER'S NAME AND POSTAL ADDRESS**

POSTAL CODE

POSTAL CODE

CONTACT NAME

CONTACT NAME

CONTACT NUMBER HOME

CELL

CONTACT NUMBER HOME

CELL

BUSINESS

FAX

BUSINESS

FAX

PREFERRED LANGUAGE  ENGLISH  FRENCH

BROKER CONTRACT NUMBER

BROKER SUB-CONTRACT NUMBER

EMAIL ADDRESS

GROUP / PROGRAM NAME

GROUP ID

WEBSITE ADDRESS

BROKER CLIENT ID

COMPANY CLIENT ID

**3. POLICY PERIOD**

EFFECTIVE DATE

TIME

A.M.   
P.M. 

EXPIRY DATE

AT 12:01 A.M.

ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.

**4. APPLICANT DATA**LEGAL ENTITY  INDIVIDUAL  JOINT VENTURE  CORPORATION  OTHER \_\_\_\_\_

PRINCIPAL(S) NAME \_\_\_\_\_

DESCRIPTION OF OPERATIONS \_\_\_\_\_

BUSINESS START DATE \_\_\_\_\_

RELATED PRIOR EXPERIENCE: NUMBER OF YEARS \_\_\_\_\_

INSPECTION CONTACT

CONTACT NUMBER

CONTACT NAME \_\_\_\_\_

HOME

CELL

BUSINESS

FAX

**5. LOSS HISTORY**HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS?  YES  NO IF YES, COMPLETE THE CHART BELOW:

LOSS DATE	LOC. #	CAUSE	CLAIM STATUS	PAID AMOUNT	RESERVE AMOUNT	INSURANCE COMPANY
			<input type="checkbox"/> OPEN			
			<input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN			
			<input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN			
			<input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN			
			<input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN			
			<input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN			
			<input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN			
			<input type="checkbox"/> CLOSED			

**6. POLICY HISTORY**

NAME OF PREVIOUS INSURER

POLICY NUMBER

EXPIRY DATE

EXPIRING PREMIUM

HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW ANY COMMERCIAL INSURANCE TO THE APPLICANT WITHIN THE PAST 5 YEARS?  YES  NO IF YES, PROVIDE DETAILS BELOW:

INSURER \_\_\_\_\_

REASON \_\_\_\_\_

**LIST OTHER INSURANCE**

POLICY NUMBER \_\_\_\_\_

 UMBRELLA  CGL  AUTO OTHER \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

 UMBRELLA  CGL  AUTO OTHER \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

 UMBRELLA  CGL  AUTO OTHER \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

WILL THE INSURANCE COMPANY BE QUOTING ON OTHER INSURANCE?  YES  NO IF YES, PROVIDE DETAILS BELOW:**7. BROKER QUESTIONNAIRE**IS THIS BUSINESS NEW TO YOUR OFFICE?  YES  NO

SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

HAVE YOU BOUND THIS RISK?  YES  NOARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW?  YES  NO IF YES, PROVIDE DETAILS BELOW:HAVE YOU SEEN THIS PROPERTY?  YES  NO IF YES, WHEN? \_\_\_\_\_CONDITION OF PROPERTY:  GOOD  FAIR  POOR

BROKER NAME (Please print)

SIGNATURE OF BROKER

DATE

**8. REMARKS**



# COMMERCIAL INSURANCE APPLICATION

## 9. RISK LOCATION

\*Use additional forms for each location if necessary

LOCATION NUMBER \_\_\_\_\_ BUILDING NUMBER \_\_\_\_\_

LOCATION ADDRESS (IF DIFFERENT FROM POSTAL ADDRESS)

## 10. LOSS PAYEE(S) NAME AND POSTAL ADDRESS

NAME	ADDRESS (include street address, city, province)	POSTAL CODE	NATURE OF INTEREST

## 11. OCCUPANCY

APPLICANT'S OCCUPANCY \_\_\_\_\_

IBC INDUSTRY CODE \_\_\_\_\_

OCCUPANCY BY OTHERS \_\_\_\_\_

## 12. FIRE PROTECTION

DISTANCE TO NEAREST HYDRANT \_\_\_\_\_  FEET  
 METRES

DISTANCE TO NEAREST FIREHALL \_\_\_\_\_  MILES  
 KILOMETRES

### PRIMARY FIRE PROTECTION

EXTINGUISHING SYSTEM  
 AUTOMATIC  DELUGE  
 MANUAL  NONE

EXTINGUISHING AGENT  
 WATER  CARBON DIOXIDE  
 WET CHEMICAL  HALON  
 DRY CHEMICAL  FOAM

SPRINKLERED PERCENTAGE \_\_\_\_\_%

### AUXILIARY FIRE PROTECTION

PROTECTION PURPOSE  
 COOKING APPLIANCES  STORAGE AREA  
 ELECTRONIC EQUIPMENT  PROCESSING AREA

EXTINGUISHING SYSTEM  
 AUTOMATIC  DELUGE  
 MANUAL  NONE

EXTINGUISHING AGENT  
 WATER  CARBON DIOXIDE  
 WET CHEMICAL  HALON  
 DRY CHEMICAL  FOAM

SPRINKLERED PERCENTAGE \_\_\_\_\_%

### OTHER FIRE PROTECTION

SMOKE DETECTORS  SPRAY BOOTH  
 DUST COLLECTOR  PORTABLE EXTINGUISHERS

LAST SERVICE DATE: \_\_\_\_\_

### FIRE ALARM SYSTEM

NONE  CENTRAL STATION  
 MONITORING STATION:  FULL  SHARED

ULC CERTIFICATE ISSUED  
 CERTIFICATE NO. \_\_\_\_\_

CERTIFICATE EXPIRY DATE \_\_\_\_\_  
 NAME OF ALARM COMPANY \_\_\_\_\_

## 13. BUILDING CONSTRUCTION AND RISK DETAILS

YEAR BUILT \_\_\_\_\_

NUMBER OF STORIES \_\_\_\_\_

LAST APPRAISAL DATE \_\_\_\_\_

AREA  
 GROUND FLOOR \_\_\_\_\_  SQ. M.  SQ. FT.  
 APPLICANT'S PREMISES \_\_\_\_\_  SQ. M.  SQ. FT.  
 BUILDING TOTAL \_\_\_\_\_  SQ. M.  SQ. FT.

### WALLS

FIRE RESISTIVE \_\_\_\_\_%  
 NON-COMBUSTIBLE \_\_\_\_\_%  
 MASONRY \_\_\_\_\_%  
 FRAME \_\_\_\_\_%  
 \_\_\_\_\_%  
**ROOF DECK**  
 STEEL DECK \_\_\_\_\_%  
 PROTECTED STEEL \_\_\_\_\_%  
 CONCRETE ON STEEL \_\_\_\_\_%  
 CONCRETE \_\_\_\_\_%  
 WOOD \_\_\_\_\_%  
 \_\_\_\_\_%

### ROOF SURFACE

TAR AND GRAVEL  METAL  
 ASPHALT SHINGLES  CONCRETE

### GROUND FLOOR

CONCRETE \_\_\_\_\_%  
 WOOD \_\_\_\_\_%  
 \_\_\_\_\_%

### OTHER FLOORS

CONCRETE \_\_\_\_\_%  
 WOOD \_\_\_\_\_%  
 \_\_\_\_\_%

### HEATING SYSTEM

FURNACE  WATER HEATER  
 BOILER  RADIANT

### FUEL TYPE

OIL  WOOD  
 NATURAL GAS  ELECTRIC

### AIR CONDITIONING SYSTEM

NONE  
 FORCED AIR CENTRAL  
 ROOF TOP UNIT

### ELECTRICAL PANEL

FUSES  CIRCUIT BREAKERS

ELECTRICAL SERVICE \_\_\_\_\_ AMPS.

### FOUNDATION

BASEMENT  CONCRETE - MASONRY  
 OTHER \_\_\_\_\_

## CONTENTS LOCATION

AT OR BELOW GRADE  ABOVE GRADE  
 BELOW GRADE  OTHER \_\_\_\_\_

### RENOVATION UPGRADE

	YEAR COMPLETED	FULL	PARTIAL
ELECTRICAL	_____	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING	_____	<input type="checkbox"/>	<input type="checkbox"/>
HEATING	_____	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	_____	<input type="checkbox"/>	<input type="checkbox"/>

### NEIGHBOURING EXPOSURE

	DISTANCE	OCCUPANCY
REAR	_____ M. _____ F.	<input type="checkbox"/> M. <input type="checkbox"/> F.
RIGHT	_____ M. _____ F.	<input type="checkbox"/> M. <input type="checkbox"/> F.
LEFT	_____ M. _____ F.	<input type="checkbox"/> M. <input type="checkbox"/> F.
FRONT	_____ M. _____ F.	<input type="checkbox"/> M. <input type="checkbox"/> F.

## 14. BURGLARY AND CRIME PROTECTION

### BURGLARY ALARM SYSTEM

NONE  CENTRAL STATION  
 LOCAL ALARM  \_\_\_\_\_  
 MONITORING STATION:  FULL  SHARED

### AREA OF PROTECTION

COMPLETE / FULL  PARTIAL  
 ALL OPENINGS  \_\_\_\_\_

### INSTALLATION - EXTENT OF PROTECTION

LEVEL I  LEVEL II  LEVEL III  LEVEL IV

### LINE SECURITY

I  II  III  IV  
 VI  VII  0  NONE

ULC CERTIFICATE ISSUED

CERTIFICATE NO. \_\_\_\_\_  
 CERTIFICATE EXPIRY DATE \_\_\_\_\_  
 NAME OF ALARM COMPANY \_\_\_\_\_

### OTHER PHYSICAL PROTECTION

DEAD BOLT DOOR LOCKS:  
 SINGLE CYLINDER  DOUBLE CYLINDER  NONE

WINDOW BARS:  
 RELEASE  NON RELEASE  NONE

PANIC / HOLD UP BUTTON: NUMBER OF \_\_\_\_\_

SAFE: TYPE \_\_\_\_\_ CLASS \_\_\_\_\_

SURVEILLANCE CAMERAS  FENCE

WATCHMEN/SECURITY GUARDS  GUARD DOG

EXTERIOR LIGHTING  ENTRANCE VISIBLE FROM STREET

NO. OF EMPLOYEES HANDLING MONEY \_\_\_\_\_

MAX. AMT. OF CASH ON PREMISES \$ \_\_\_\_\_

## 15. COVERAGES AND LIMITS OF INSURANCE

SECTION	COVERAGE	PROPERTY ONLY			DED.	AMOUNT OF INSURANCE	ESTIMATED	
		NAMED PERILS	BROAD FORM	CO-INS.			RATE	PREMIUM
PROPERTY	<input type="checkbox"/> BUILDING <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> POED	<input type="checkbox"/>	<input type="checkbox"/>	_____ %				
	<input type="checkbox"/> EQUIPMENT <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> POED	<input type="checkbox"/>	<input type="checkbox"/>	_____ %				
	<input type="checkbox"/> STOCK <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> POED	<input type="checkbox"/>	<input type="checkbox"/>	_____ %				



# COMMERCIAL INSURANCE APPLICATION

## COVERAGES AND LIMITS OF INSURANCE *continued*

SECTION	COVERAGE	PROPERTY ONLY			DED.	AMOUNT OF INSURANCE	ESTIMATED		
		NAMED PERILS	BROAD FORM	CO-INS.			RATE	PREMIUM	
PROPERTY	<input type="checkbox"/> CONTENTS <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> POED	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> ACCOUNTS RECEIVABLE	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> BAILEES CUSTOMERS GOODS	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> BUILDER'S RISK	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> CONTRACTOR'S EQUIPMENT <input type="checkbox"/> SCHEDULE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> ELECTRONIC DATA PROCESSING SYSTEMS <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> MEDIA <input type="checkbox"/> BREAKDOWN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	% % %					
	<input type="checkbox"/> EXHIBITION FLOATER	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> FINE ARTS FLOATER <input type="checkbox"/> SCHEDULE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> GLASS <input type="checkbox"/> SCHEDULED <input type="checkbox"/> BLANKET	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> INSTALLATION FLOATER	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> MISCELLANEOUS PROPERTY FLOATER <input type="checkbox"/> SCHEDULE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> MOBILE TOOL FLOATER \$ _____ MAXIMUM VALUE ANY ONE ITEM <input type="checkbox"/> SCHEDULE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> MOTOR TRUCK CARGO <input type="checkbox"/> OWNER'S <input type="checkbox"/> CARRIER'S <input type="checkbox"/> SCHEDULE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> OFFICE CONTENTS	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> SIGN FLOATER	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> TRANSIT	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> TRANSPORTATION FLOATER	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> UNNAMED LOCATIONS	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/> VALUABLE PAPERS	<input type="checkbox"/>	<input type="checkbox"/>	%					
	<input type="checkbox"/>		<input type="checkbox"/>	%					
		<b>EXTENSIONS OF COVERAGE</b>							
	<input type="checkbox"/>	INFLATION PROTECTION							
	<input type="checkbox"/>	CONSEQUENTIAL LOSS							
<input type="checkbox"/>	PEAK SEASON								
<input type="checkbox"/>	EARTHQUAKE								
<input type="checkbox"/>	FLOOD								
<input type="checkbox"/>	SEWER BACK-UP								
<input type="checkbox"/>	STATED AMOUNT								
BUSINESS INTER- RUPTION	<input type="checkbox"/> BUSINESS INCOME - STANDARD FORM			%					
	<input type="checkbox"/> BUSINESS INCOME - EXTENDED FORM			%					
	<input type="checkbox"/> RENTAL INCOME			%					
	<input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> 100% FIRST MONTH <input type="checkbox"/> 40/70/90/100			%					
	<input type="checkbox"/> CONTINGENT LIABILITY FROM ENFORCEMENT OF BUILDING BY-LAWS			%					
	<input type="checkbox"/> OFF-PREMISES POWER			%					
	<input type="checkbox"/> AUDITORS' FEES			%					
				%					
BOILER AND MACHINERY	<input type="checkbox"/> EQUIPMENT BREAKDOWN <input type="checkbox"/> OPTION 1 <input type="checkbox"/> OPTION 2 <input type="checkbox"/> OPTION 3								
	<input type="checkbox"/>								
CRIME	<input type="checkbox"/> BROAD FORM MONEY AND SECURITIES								
	<input type="checkbox"/> INSIDE & OUTSIDE PAY- MASTER ROBBERY								
	<input type="checkbox"/> MONEY ORDERS & COUNTERFEIT CURRENCY								
	<input type="checkbox"/> DEPOSITORS FORGERY								
	<input type="checkbox"/> EMPLOYEE DISHONESTY <input type="checkbox"/> FORM A <input type="checkbox"/> FORM B								
	<input type="checkbox"/> DAMAGE TO BUILDING BY BURGLARY								
	<input type="checkbox"/> SAFE BURGLARY								



# COMMERCIAL INSURANCE APPLICATION

## 16. OPERATION DETAILS

OPERATIONS AND / OR PRODUCT DESCRIPTION BREAKDOWN	IBC CODE	ESTIMATED GROSS ANNUAL REVENUE	CDN AMOUNT		USA AMOUNT		FOREIGN AMOUNT	
			\$	%	\$	%	\$	%
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NUMBER OF EMPLOYEES: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ ESTIMATED ANNUAL PAYROLL \$ \_\_\_\_\_

## 17. ADDITIONAL LIABILITY EXPOSURES AND SPECIAL HAZARDS

OFF PREMISES OPERATIONS?  YES  NO  
 RECEIPTS AMOUNT \$ \_\_\_\_\_  
 DESCRIPTION \_\_\_\_\_  
 NUMBER OF EMPLOYEES \_\_\_\_\_

WORK SUBCONTRACTED?  YES  NO  
 RECEIPTS AMOUNT \$ \_\_\_\_\_  
 PRIMARY WORK PERFORMED \_\_\_\_\_  
 DESCRIPTION \_\_\_\_\_

PERCENTAGE OF CONSTRUCTION WORK WHICH IS:  
 RESIDENTIAL \_\_\_\_\_ %  
 COMMERCIAL \_\_\_\_\_ %  
 HEAVY INDUSTRIAL \_\_\_\_\_ %

OTHER EXPOSURES:  
 AREA \_\_\_\_\_ SQ. M.  
 NUMBER OF SUITES \_\_\_\_\_  
 NUMBER OF ELEVATORS \_\_\_\_\_  
 POOL  
 SAUNA  
 LIQUOR RECEIPTS \$ \_\_\_\_\_

ARE SUBCONTRACTORS INSURED?  YES  NO  
 IF YES, WHAT AMOUNT OF INSURANCE IS CARRIED? \$ \_\_\_\_\_

SPECIAL HAZARDS:  
 THIRD PARTY FIRE EXPOSURE DESCRIPTION \_\_\_\_\_

WELDING / CUTTING  
 TOBACCO  
 FLAMMABLE LIQUIDS  
 SPRAY PAINTING  
 WOODWORKING  
 COOKING

ARE CERTIFICATES OF INSURANCE OBTAINED?  YES  NO

## 18. COVERAGES AND LIMITS OF INSURANCE

SECTION	COVERAGE	DED.	AMOUNT OF INSURANCE	ESTIMATED		
				RATE	PREMIUM	
LIABILITY	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS AGGREGATE PERSONAL AND ADVERTISING INJURY LIABILITY MEDICAL PAYMENTS TENANTS LEGAL LIABILITY					
	<input type="checkbox"/> SPF6 - STANDARD NON-OWNED AUTOMOBILE					
	<input type="checkbox"/>					
	THE COMMERCIAL GENERAL LIABILITY FORM MAY CONTAIN SPECIAL TERMS, CONDITIONS, EXCLUSIONS AND EXTENSIONS OF COVERAGE. REFER TO COMPANY FOR CONFIRMATION OF COVERAGE.					
	<b>COVERAGE EXCLUSIONS/EXTENSIONS OF COVERAGE</b>					
	<input type="checkbox"/> ADDITIONAL INSURED'S <input type="checkbox"/> ASBESTOS, MOULD AND FUNGI EXCLUSION \$ _____ (FUNGI SUBLIMIT) <input type="checkbox"/> BLANKET CONTRACTUAL <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> CANCELLATION CLAUSE - 60 DAYS <input type="checkbox"/> CANCELLATION CLAUSE - 90 DAYS <input type="checkbox"/> CONTINGENT EMPLOYER'S LIABILITY <input type="checkbox"/> CYBER TERRORISM EXCLUSION <input type="checkbox"/> EMPLOYEE BENEFITS LIABILITY <input type="checkbox"/> EMPLOYEES AS ADDITIONAL INSURED	<input type="checkbox"/> EMPLOYER'S BODILY INJURY <input type="checkbox"/> FOREST FIRE FIGHTING EXPENSE DEDUCTIBLE \$ _____ LIMIT \$ _____ <input type="checkbox"/> HOST LIQUOR LIABILITY <input type="checkbox"/> INCIDENTAL ERRORS AND OMISSIONS <input type="checkbox"/> INCIDENTAL MALPRACTICE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> LIMITED ENVIRONMENTAL LIABILITY \$ _____ <input type="checkbox"/> POLLUTION LIABILITY \$ _____ <input type="checkbox"/> PREMISES LIABILITY	<input type="checkbox"/> PRODUCTS AND COMPLETED OPERATIONS <input type="checkbox"/> RECIPROCAL LIABILITY CLAUSE <input type="checkbox"/> SEF#94 - DAMAGE TO HIRED AUTOMOBILES DEDUCTIBLE \$ _____ COVERAGE SECTION _____ <input type="checkbox"/> SEF#96 - CONTRACTUAL LIABILITY NON-OWNED <input type="checkbox"/> SEF #99 - EXCLUDING LONG TERM LEASED VEHICLE <input type="checkbox"/> TERRORISM EXCLUSION <input type="checkbox"/> VOLUNTEERS AS ADDITIONAL INSURED <input type="checkbox"/> WORLD WIDE COVERAGE			
	<input type="checkbox"/> PROFESSIONAL LIABILITY <i>A separate application may apply. Refer to company for additional requirements.</i> <input type="checkbox"/> CONDOMINIUM DIRECTORS AND OFFICERS <input type="checkbox"/> DIRECTORS AND OFFICERS <input type="checkbox"/> DRUGGISTS <input type="checkbox"/> BEAUTY PARLOUR <input type="checkbox"/> FUNERAL DIRECTORS <input type="checkbox"/> RELIGIOUS INSTITUTION COUNSELING <input type="checkbox"/> VETERINARIANS <input type="checkbox"/>					
	<input type="checkbox"/> UMBRELLA LIABILITY <i>Refer to company for additional requirements.</i>					

TOTAL POLICY PREMIUM \$ \_\_\_\_\_

## 19. ADDITIONAL INSURED(S)

NAME	ADDRESS (include street address, city, province)	POSTAL CODE	NATURE OF INTEREST

## 20. CONSENT & DISCLOSURE

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application 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, a claim will become invalid and the Insured's right to recovery is forfeited.

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: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DATE: \_\_\_\_\_



# COMMERCIAL INSURANCE APPLICATION

## CONTRACTOR'S EQUIPMENT SCHEDULE (Use additional forms if necessary)

ITEM #	YEAR	MAKE	MODEL	SERIAL / IDENTIFICATION NUMBER	DEDUCTIBLE	AMOUNT OF INSURANCE	ESTIMATED	
							RATE	PREMIUM

## FINE ARTS SCHEDULE (Use additional forms if necessary)

ITEM #	DESCRIPTION	PURCHASE / APPRAISAL DATE	DEDUCTIBLE	AMOUNT OF INSURANCE	ESTIMATED	
					RATE	PREMIUM

## MISCELLANEOUS PROPERTY SCHEDULE (Use additional forms if necessary)

ITEM #	DESCRIPTION	SERIAL / IDENTIFICATION NUMBER	DEDUCTIBLE	AMOUNT OF INSURANCE	ESTIMATED	
					RATE	PREMIUM

## MOBILE TOOL SCHEDULE (Use additional forms if necessary)

ITEM #	DESCRIPTION	SERIAL / IDENTIFICATION NUMBER	DEDUCTIBLE	AMOUNT OF INSURANCE	ESTIMATED	
					RATE	PREMIUM

## MOTOR TRUCK CARGO SCHEDULE (Use additional forms if necessary)

ITEM #	YEAR	MAKE	MODEL	SERIAL / IDENTIFICATION NUMBER	DEDUCTIBLE	AMOUNT OF INSURANCE	ESTIMATED	
							RATE	PREMIUM