



**APPLICANT**

Name of Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Risk Address: \_\_\_\_\_

Description of Operations \_\_\_\_\_

\_\_\_\_\_

Occupancy of Others \_\_\_\_\_

Number of Year in Business \_\_\_\_\_

Name(s) and Address(es) of Mortgagee(s) \_\_\_\_\_ or Landlord(s) \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Existing Insurer: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Renewal Offered: \_\_\_\_\_ If not, why not: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_ Target Premium: \_\_\_\_\_

Has the Insured ever been cancelled \_\_\_\_\_ or declined \_\_\_\_\_? (If so, please attach details)

Please provide details of all losses in past five (5) years: \_\_\_\_\_

\_\_\_\_\_

**PROTECTION**

Distance to: fire hydrant? \_\_\_\_\_ firehall? \_\_\_\_\_ paid or volunteer? \_\_\_\_\_

Are premises sprinklered? \_\_\_\_\_ Percentage sprinklered? \_\_\_\_\_%

Number of portable extinguishers? \_\_\_\_\_ Type? \_\_\_\_\_

Dimensions of safe? \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ Class? \_\_\_\_\_ Alarmed? \_\_\_\_\_

How often are deposits made? \_\_\_\_\_ By whom? \_\_\_\_\_

**ALARM DETAILS**

	<b>FIRE</b>	<b>BURGLARY</b>
Local or Monitored?		
Monitoring Company?		
U.L.C. rated?		
Dedicated line?		
% of premises alarmed?		

**PROPERTY QUESTIONNAIRE**

<b>Building Construction:</b>	<b>Original Building</b>	<b>First Addition</b>	<b>Second Addition</b>
Walls			
Roof			
Floors			
Year Built			
Type of Heating			
Ground Floor Area			
Fuses or Breakers			
Overfusing			
Occupancy	First Floor	Second Floor	Third Floor

Year of Plumbing		Year of Heating	
Year of Wiring		Year of Roof	

**EXPOSURES**

	<b>Right</b>	<b>Left</b>	<b>Front</b>	<b>Rear</b>
Construction				
Height				
Distance				

**LIABILITY QUESTIONNAIRE**

Total Square Footage Occupied by You \_\_\_\_\_ By Others \_\_\_\_\_

Total Annual Receipts (including cost of materials and labour)

Type of Operations	Last Year's Actual Receipts	Estimated Receipts for this Year

Receipts Split Canadian \$ \_\_\_\_\_ U.S. \$ \_\_\_\_\_ Other (specify) \$ \_\_\_\_\_

Are any operations performed in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give full details \_\_\_\_\_

Are any operations performed outside Canada or the United States? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give full details \_\_\_\_\_

Total Number of Employees \_\_\_\_\_

Number of Employees not subject to Worker's Compensation \_\_\_\_\_

- Estimated Payroll:
- a) Clerical and Administration \_\_\_\_\_
  - b) Salesmen (Inside and Outside) \_\_\_\_\_
  - c) Manufacturing or Plant \_\_\_\_\_
  - d) Installation or Erection \_\_\_\_\_
  - e) Servicing \_\_\_\_\_
  - f) Warehousing including Shipping \_\_\_\_\_

**Products**

(a) Estimated annual sales/receipts for each product manufactured, sold, handled or distributed by the Applicant

Description of Product	Sales/Receipts		
	Canada	United States	Other (Specify)

(b) Does Applicant manufacture the complete product? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what component parts are purchased by the Applicant? \_\_\_\_\_

(c) Does the Applicant assemble the product? Yes \_\_\_\_\_ No \_\_\_\_\_

(d) Does the Applicant maintain and/or service the products? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, state receipts from source \$ \_\_\_\_\_

Do any of Applicant's products require mixing, blending, altering, repacking or relabelling by others?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state details \_\_\_\_\_

(e) Are any of Applicant's products inflammable or explosive? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state details \_\_\_\_\_

(f) Are any of Applicant's products toxic or poisonous either by themselves or in combination with other materials? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, state details \_\_\_\_\_

(g) Do any of these products Applicant now sells or ever has sold contain asbestos? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, state details \_\_\_\_\_

(h) Does Applicant issue guarantees and/or warranties to purchasers? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state details \_\_\_\_\_

(i) Does Applicant agree to hold both dealers or distributors or suppliers harmless against claims or suits for personal injury or property damage in connection with Applicant's products? Yes \_\_\_\_\_ No \_\_\_\_\_

(j) Is product accompanied by any brochures, instructions, or other written statements? Yes \_\_\_\_\_ No \_\_\_\_\_

- (k) Are Annual Reports and/or product brochures available? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach.  
 (l) Does Applicant maintain quality control procedures? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give brief outline of such procedures \_\_\_\_\_  
 (m) Does Applicant maintain complete inventory records, shipment records and/or delivery records to consignees and are serial a/o batch numbers shown on the finished product and on shipment invoices? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (n) Can the date of manufacture of each product be identified by factory number stamped on it? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (o) Has Applicant ever recalled any products for any reason or been ordered to do so by any Government Authority? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state details \_\_\_\_\_  
 (p) Have any products been withdrawn or discontinued during the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state details \_\_\_\_\_  
 (q) What will be the end use of these products? \_\_\_\_\_

**Elevators (Owner or for which you are responsible by lease agreement)**

Location \_\_\_\_\_  
 Number \_\_\_\_\_  
 Type (passenger and/or freight) \_\_\_\_\_

**Independent Contractors (give estimated cost of work given to independent contractors)**

As owner of Building, repair and maintenance \_\_\_\_\_  
 As a General Contractor or Contractor \_\_\_\_\_  
 Others (Describe) \_\_\_\_\_

**Contractual Liability**

I Railway sidings, crossings or right of ways  
 Give Name of Railway Company \_\_\_\_\_  
 Location(s) \_\_\_\_\_  
 II Other agreements whereby liability is assumed  
 Give Nature \_\_\_\_\_  
 Submit Copies of Agreements \_\_\_\_\_

**Special Premises or Operations Hazards (give description on separate sheet if necessary)**

A) Watercraft  
 Owned or Chartered \_\_\_\_\_  
 Type (Make/Model etc) \_\_\_\_\_  
 Number of Watercraft \_\_\_\_\_  
 Length \_\_\_\_\_  
 Horsepower \_\_\_\_\_

B) Private Docks or Wharfs  
 Location \_\_\_\_\_  
 Number \_\_\_\_\_

C) Swimming Pool, Saunas, Gym & Other Recreational or Athletic Facility  
 Location \_\_\_\_\_  
 Number \_\_\_\_\_  
 Type of Facility \_\_\_\_\_  
 Size and Depth of Pool \_\_\_\_\_

D) Private Road  
 Location \_\_\_\_\_  
 Number \_\_\_\_\_  
 Mileage \_\_\_\_\_

E) Mechanical Truck Loading or Unloading Facilities  
 Describe \_\_\_\_\_

F) Radioactive Material  
 Nature \_\_\_\_\_  
 Use \_\_\_\_\_

G) Number of Aircraft Leased or Chartered During the Year \_\_\_\_\_ Cost \_\_\_\_\_

H) Give description and location of any dams, water stave lines, private railroads \_\_\_\_\_

**I) Give Percentage (%) of the Following Operations**

Blasting	_____%	Welding	_____%	Explosives	_____%
Wrecking/Demolition	_____%	Chemicals	_____%	Hot Tarring	_____%
Shoring/Underpinning	_____%	Gases	_____%	Natural Gas	_____%
Pile Driving	_____%	Liquified Petroleum	_____%	Pesticides	_____%
Logging	_____%	Radioactive Materials	_____%	Raising Structures	_____%
Excavation	_____%	Caisson Work	_____%	Moving Structures	_____%
Tunnelling	_____%	Asbestos	_____%		

Describe in full detail of any of the above operations \_\_\_\_\_

Non-Owned Automobile (Give number of employees using their cars on Company business)  
 Regularly \_\_\_\_\_ Occassionally \_\_\_\_\_

Accident Prevention and First Aid

- a) First Aid Posts
  - Doctors Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
  - Nurses Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
- b) Fire Alarm \_\_\_\_\_  
 Other Warning Systems \_\_\_\_\_
- c) Is a Security Officer or Loss Prevention Engineers Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Professional Liability

Does the Applicant have other professional errors or omissions or malpractice exposure? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, describe in full \_\_\_\_\_

**COVERAGES AND LIMITS REQUIRED**

	FORM	DED.	LIMIT REQUIRED	DO NOT USE
PROPERTY: Building				
Equipment				
Stock				
Gross Earnings				
Profits				
Blanket Glass				
Detached Sign				
Satellite Dish				
CRIME: Broad Form M & S				
Inside & Outside				
LIABILITY: Comp. General				
Non-Owned Auto				
Tenants Legal Liability				
BOILER: Boiler				
Machinery				

**D E C L A R A T I O N**

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties (PIPEDA).

FOR AND ON BEHALF OF (Names of Proposes)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Signatory (Please print)

\_\_\_\_\_  
Position

Should the client have a Website address, please fill in the space below

Web Site Address: \_\_\_\_\_

Brokerage Name: \_\_\_\_\_

Individual Agents Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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