



SUPPLEMENTAL PROPERTY APPLICATION

General Information:

Name of Applicant: _____

Contact Person to Arrange a Site Inspection: Name: _____ Phone Number: _____

Property Information (Per Location):

1. Location Address: _____

2. Location is: Owned Leased

3. Total Area occupied by Business to be Insured: _____ Total Area of entire Building: _____

4. Occupancies/Operations on the Premises: _____

Exposures: Right: _____ Left: _____

Front: _____ Rear: _____

5. Year Built: _____ Number of Stories: _____ Number of basements you occupy (if any): _____

6. Was the Building Built for its Current Purposes? Yes No If No, explain: _____

7. Construction Details:	Walls:	Roof:
	<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry (Non-Combustible)	<input type="checkbox"/> Plywood <input type="checkbox"/> Wood Planks
	<input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Particle Board <input type="checkbox"/> Metal Deck with Insulation Board
<input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Frame	<input type="checkbox"/> Metal Deck with Concrete	<input type="checkbox"/> Reinforced Concrete Slabs
<input type="checkbox"/> Pre-Cast Concrete Slabs		

Other: _____ Other: _____

Floor: _____ Electrical: Fuses Circuit Breaker

	Year	Extent of Update	Year	Extent of Update
8. Building Updates:	Plumbing _____	<input type="checkbox"/> Full <input type="checkbox"/> Partial	Heating _____	<input type="checkbox"/> Full <input type="checkbox"/> Partial
	Electrical _____	<input type="checkbox"/> Full <input type="checkbox"/> Partial	Roof _____	<input type="checkbox"/> Full <input type="checkbox"/> Partial

9. When was the Building last professionally Appraised/Valued? _____

10. Describe any Special Hazards (e.g. storage of combustible materials): _____

11. Distance to nearest Fire Hydrant: _____ Distance to nearest Fire Hall: _____

12. Are there Automatic Building Sprinklers? Yes, 100% Yes, Partial _____% No

13. Smoke/Heat Detection: Local Central Station ULC Central Station No Smoke/Heat Detection

14. Is your facility in compliance with applicable Building, Safety and Fire Codes? Yes No

15. Burglar Alarms: Local Central Station ULC Central Station None

16. Are all doors equipped with Double Cylinder Deadbolt Locks? Yes No

17. List any other types of property protection (e.g. bars on windows): _____
18. Does Property have any Seismic/Wind Design Features? Yes No If Yes please list: _____
19. Describe Security (per shift/total): _____
- Who is responsible for providing Security? _____ Is a Certificate of Insurance provided? Yes No
20. Is there a Back-Up Generator or other Power Supply in an Emergency? Yes No
21. Are there Alternative Facilities you can use in the event of a Business Interruption/Shut Down? Yes No
22. Are there Cooking Facilities on the Premises? Yes No
- If Yes, Are Deep Fryers/Grills Protected by an Automatic Extinguishing System? Yes No
- What types of Fire Protection are present? _____
23. If Inland Marine coverage is required, what does this Property consist of? _____
- Provide a brief description of property Protection while Off-Premises and not in use (fire protection, guard, alarm, etc):

- Is equipment/property, including instruments, kept in a locked, secured location at all times? Yes No
- Brief description of how Property is Protected while In Use/On Tour: _____
- Name and position of person(s) responsible for security and protection of equipment: _____
24. Is there a Safe on the premises? Yes No If Yes please specify type/class: _____
25. Average amount of cash on the premises: _____ Maximum amount: _____

Coverages

	Limit Required		Limit Required
Building	_____	Business Interruption - Earnings	_____
Stock	_____	Business Interruption – Extra Expense	_____
Office Contents	_____	Business Interruption – Profits	_____
Tenant’s Improvements	_____	Valuable Papers	_____
EDP - Hardware	_____	Accounts Receivable	_____
EDP - Software	_____	Signs	_____
EDP – Extra Expense	_____	Comprehensive Crime	_____
Inland Marine/Transit	_____	Other:	_____

Are the following Coverages Required?: Boiler? Yes No Earthquake? Yes No Flood? Yes No

Deductibles

Property	_____	Earthquake	_____
Sewer Back-Up	_____	Flood	_____

MORTGAGEES/ LOSS PAYEES (As they are to appear on the policy)

NAME	ADDRESS	RELATIONSHIP TO YOU*
_____	_____	_____
_____	_____	_____

