



BUSINESS POLICY APPLICATION

General Information:

- 1. Name of Applicant:
2. Mailing Address:
3. Name of Facility:
4. Facility Address:
5. Contact Name: Title: 6. Web site:
7. Applicant is: Individual Corporation Partnership Other:
8. Number of years in operation: with current management:
9. Manager's Name: # of Years as Manager at this Facility:
10. Management Experience and Qualifications:
11. Business Operations:
12. Is the property: Privately Owned (rented by organization) Organization Owned Municipality Owned
If Rented, Please attach a copy of the Lease Agreement

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

Current/Most Recent Coverage Information

- Insurer: Dates of Coverage:
Any losses in the past five years? Yes No If Yes, Attach Loss Record for the Past Five Years
Has any form of Insurance ever been cancelled/declined? Yes No If "Yes", please provide details:
Requested Effective Date: Expiry Date:

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: Fire Resistant Masonry (Non-Combustible) Masonry Masonry Veneer Frame

Roof: Plywood Particle Board Metal Deck with Concrete Pre-Cast Concrete Slabs Wood Planks Metal Deck with Insulation Board Reinforced Concrete Slabs

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: _____

How are items transported? (e.g. Owned Vehicles, Common Carrier, etc): _____

What is the number of shipments per year? _____

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? Equipment Breakdown? Yes No Earthquake? Yes No Flood? Yes No

Deductibles

Property	_____	Earthquake	_____
Sewer Back-Up	_____	Flood	_____

Liability Information:

1. Gross Receipts: Canada: _____ U.S. _____ Other: _____

2. Gross Receipts: Sales: _____ Service: _____ Rental: _____

Food: _____ Liquor: _____ Other: _____

3. Any sales of alcoholic beverages on the premises? Yes No **If Yes, attach Liquor Liability Application**

4. Annual Payroll: Total: _____ Payroll of Owners/Officers: _____

5. No. of Employees: Full Time: _____ Part Time: _____ No. of Volunteers: _____

6. Do you own any other business operations? Yes No If yes please describe: _____

7. Do you have written guidelines/procedures for addressing Human Resources or Personnel Management issues such as:

Discrimination Yes No Sexual Harassment Yes No

Discipline Yes No Employee Termination Yes No

Employment Grievances/Complaints Yes No Orientation of all new employees Yes No

If Yes to any of the above, please attach a copy

8. Is there a gymnasium or fitness facility on the premises? Yes No If Yes Describe: _____

9. Are there Cooking Facilities on the premises? Yes No If Yes Describe: _____

What types of Fire Protection are present? _____

10. If there is any Equipment Sales or Rental, describe what types: _____

11. Do you have Off-Site Storage or Property? Yes No If yes please describe: _____
- _____
12. Does your business own or operate any of the following:
 Aircraft Yes No Swimming Pools Yes No Watercraft Yes No
 Please explain any Yes answers: _____
- _____
13. Is there any child-care/babysitting service? Yes No If "Yes", please describe: _____
- _____
14. Hired and Non-Owned Auto – Type(s) of Vehicles: _____
 Number of Vehicles: _____ Average Auto Value: _____ Estimated # of Days Rental: _____
15. Is the premises ever rented to others? Yes No
 If Yes, Do they carry their own liability insurance? Yes No If No, please describe rental to others: _____
- _____
16. Is the premises ever vacant, unoccupied or shut down? Yes No
 If Yes, please explain (include consecutive # of days vacant, and measures taken to protect/inspect the premises): _____
- _____
17. Please list any additional exposures not previously described: _____
- _____
18. Describe safety measures and risk management plans in force: _____
- _____
- _____
19. Are all parking lots well-lit? Yes No
 Are parking areas and sidewalks/walkways checked daily and maintained regularly? Yes No
 Number of parking lots: _____ Total parking lot capacity: _____
20. Are floors and stairwells checked daily and maintained regularly? Yes No
 Is there a maintenance log or schedule? Yes No **If Yes, Please attach a sample**
21. Are tables and chairs in good condition and subject to regular inspection and repair? Yes No
22. Is Video Surveillance used: Indoors Outdoors If Yes, is it: Video Tape Digital Other: _____
 How long are videos retained: _____

Hold Harmless Agreements

1. Is Applicant signing any Hold Harmless Agreements? Yes No ***If Yes, attach a copy**
 If Yes, with whom and assuming responsibility for what? _____

2. Is Applicant being Held Harmless by Others? Yes No ***If Yes, attach a copy of agreement**

If Yes, by whom and describe extent of same: _____

Please list the organizations that must be added as an Additional Insured on the policy

NAME	ADDRESS	RELATIONSHIP TO YOU*
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

* If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, as respects to your activity or operation.

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

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

Please attach the following information to this application:

- a. Loss Runs for the previous five years
- b. Copies of all Lease and Hold Harmless Agreements
- c. Copy of Brochure or other Advertising/Promotional Material
- d. Sample of any Maintenance Log or Schedule
- e. Schedule of Property to be covered, or Statement of Values, if applicable
- f. Supplemental Liquor Liability Application, if applicable

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expenses as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: _____ Date: _____

Title: _____ Phone: _____