



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: [] Fire Resistive [] Masonry (Non-Combustible) [] Masonry [] Non-Combustible [] 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: _____ Other: _____

Floor: _____ Electrical: [] Fuses [] Circuit Breaker

8. Building Updates: Plumbing Year _____ Extent of Update [] Full [] Partial Heating Year _____ Extent of Update [] Full [] Partial Electrical Year _____ Extent of Update [] Full [] Partial Roof Year _____ Extent of Update [] Full [] 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*
_____	_____	_____
_____	_____	_____

