



# PROPERTY SURVEY

Please complete this survey IN FULL. If any item is not applicable please state "none". Forms with blank lines may not be processed and may be returned for completion.

**IMPORTANT:** The following statements are material to the coverage offered under the StoneRidge Specialty Insurance program. The underwriters use the information provided in their decision to accept the risk and/or set terms. Inaccurate information or failure to maintain procedures will result in limitations or render the coverage void.

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Actual Location: (  as above, \_\_\_\_\_

Contact Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## OPERATIONS

### Property Information (Per Location):

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

2. Location is:  Owned  Leased \_\_\_\_\_

3. Occupancies on the Premises: \_\_\_\_\_

Exposures: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

Seasonal  Year-Round Date Closed for Season: \_\_\_\_\_

*\*\*This date is very important. Coverage is reduced on this date.*

Experience of Principals: \_\_\_\_\_ Years

### MORTGAGEES

**FIRE PROTECTION**

Municipal Fire Hydrants:  Yes  No; Number: \_\_\_\_\_ Distance from Main Building: \_\_\_\_\_ (yds)

Private Fire Hydrants:  Yes  No; Name of Service Contractor: \_\_\_\_\_

Sprinklered: \_\_\_\_\_%; Municipal Water Supply:  Yes  No

Fire Hall Responds From: \_\_\_\_\_ Distance: \_\_\_\_\_ (kms)

Portable Fire Extinguishers:  Yes  No

Full Kitchen:  Yes  No \_\_\_\_\_ Hood Protected:  Yes  No

Name of System: \_\_\_\_\_ Type: \_\_\_\_\_ Maintenance

**CRIME PROTECTION**

All Buildings?  Yes  No If no, describe which buildings are alarmed: \_\_\_\_\_

Burglar Alarm:  Yes  No; Type:  Motion Detector  Perimeter Infrared

Other \_\_\_\_\_ Areas Covered: \_\_\_\_\_

\_\_\_\_\_ Local Only:  Central Monitored  Alarm Company: \_\_\_\_\_

\_\_\_\_\_ Line Security:  Yes  No;

Night Watchman:  Yes  No Safe:  Yes  No; Name: \_\_\_\_\_

Class: \_\_ Location: \_\_\_\_\_ Number of employees who have access to money? \_\_\_\_\_

Other Security: \_\_\_\_\_

ATM Machine:  Yes  No; Number: \_\_\_\_\_

**INSURANCE HISTORY**

Losses (past five years): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Expiry Date: \_\_\_\_\_

Current Premium: \_\_\_\_\_

Current Deductible: \_\_\_\_\_

Present Insurer(s): \_\_\_\_\_

**PHYSICAL DESCRIPTION**

**Main Building (describe):**

B/V/Frame                       Ord. Mas. Wood joist roof                       Non-Combustible                       Fire Resistant  
 # of Stories: \_\_\_\_\_,      Basement  Yes  No:      Area: \_\_\_\_\_ (sq. ft.)  
 Year built: \_\_\_\_\_  
 Walls: \_\_\_\_\_ (ext.)      \_\_\_\_\_ (int.)  
 Roof:       Flat:       Peaked;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Heating: \_\_\_\_\_ (fuel) \_\_\_\_\_      Age: \_\_\_\_\_ Year Updated: \_\_\_\_\_  
 Wiring: \_\_\_\_\_ (type)       Fuses       Breakers;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Distance to closest building \_\_\_\_\_

**Building 2 (describe)**

B/V/Frame                       Ord. Mas. Wood joist roof                       Non-Combustible                       Fire Resistant  
 # of Stories: \_\_\_\_\_,      Basement  Yes  No:      Area: \_\_\_\_\_ (sq. ft.)  
 Year built: \_\_\_\_\_  
 Walls: \_\_\_\_\_ (ext.)      \_\_\_\_\_ (int.)  
 Roof:       Flat:       Peaked;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Heating: \_\_\_\_\_ (fuel) \_\_\_\_\_      Age: \_\_\_\_\_ Year Updated: \_\_\_\_\_  
 Wiring: \_\_\_\_\_ (type)       Fuses       Breakers;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Distance to closest building \_\_\_\_\_

**Building 3 (describe):**

B/V/Frame                       Ord. Mas. Wood joist roof                       Non-Combustible                       Fire Resistant  
 # of Stories: \_\_\_\_\_,      Basement  Yes  No:      Area: \_\_\_\_\_ (sq. ft.)  
 Year built: \_\_\_\_\_  
 Walls: \_\_\_\_\_ (ext.)      \_\_\_\_\_ (int.)  
 Roof:       Flat:       Peaked;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Heating: \_\_\_\_\_ (fuel) \_\_\_\_\_      Age: \_\_\_\_\_ Year Updated: \_\_\_\_\_  
 Wiring: \_\_\_\_\_ (type)       Fuses       Breakers;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Distance to closest building \_\_\_\_\_

**Building 4 (describe):**

B/V/Frame                       Ord. Mas. Wood joist roof                       Non-Combustible                       Fire Resistive  
 # of Stories: \_\_\_\_\_,      Basement  Yes  No:      Area: \_\_\_\_\_(sq. ft.)  
 Year built: \_\_\_\_\_  
 Walls: \_\_\_\_\_(ext.)                      \_\_\_\_\_(int.)  
 Roof:       Flat:       Peaked;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Heating: \_\_\_\_\_(fuel) \_\_\_\_\_      Age: \_\_\_\_\_ Year Updated: \_\_\_\_\_  
 Wiring: \_\_\_\_\_(type)       Fuses       Breakers;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Distance to closest building \_\_\_\_\_

**Building 5 (describe):**

B/V/Frame                       Ord. Mas. Wood joist roof                       Non-Combustible                       Fire Resistive  
 # of Stories: \_\_\_\_\_,      Basement  Yes  No:      Area: \_\_\_\_\_(sq. ft.)  
 Year built: \_\_\_\_\_  
 Walls: \_\_\_\_\_(ext.)                      \_\_\_\_\_(int.)  
 Roof:       Flat:       Peaked;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Heating: \_\_\_\_\_(fuel) \_\_\_\_\_      Age: \_\_\_\_\_ Year Updated: \_\_\_\_\_  
 Wiring: \_\_\_\_\_(type)       Fuses       Breakers;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Distance to closest building \_\_\_\_\_

**Building 6 (describe):**

B/V/Frame                       Ord. Mas. Wood joist roof                       Non-Combustible                       Fire Resistive  
 # of Stories: \_\_\_\_\_,      Basement  Yes  No:      Area: \_\_\_\_\_(sq. ft.)  
 Year built: \_\_\_\_\_  
 Walls: \_\_\_\_\_(ext.)                      \_\_\_\_\_(int.)  
 Roof:       Flat:       Peaked;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Heating: \_\_\_\_\_(fuel) \_\_\_\_\_      Age: \_\_\_\_\_ Year Updated: \_\_\_\_\_  
 Wiring: \_\_\_\_\_(type)       Fuses       Breakers;      Age: \_\_\_\_\_      Year Updated: \_\_\_\_\_  
 Distance to closest building \_\_\_\_\_

**INSURED VALUES**

Please ensure the accuracy and completeness of your responses. The Insurer(s) rely upon the information provided on this form to appropriately consider the risk, set rates and place adequate re-insurance. Incorrect or incomplete information could result in serious penalty or shortage of coverage in the event of a loss.

**PROPERTY**

**[We strongly recommend that you obtain a professional evaluation of the buildings and contents.]**

**Statements of Values:**

<b>Building #1</b>	_____
<b>Contents #1</b>	_____
<b>Building #2</b>	_____
<b>Contents #2</b>	_____
<b>Building #3</b>	_____
<b>Contents #3</b>	_____
<b>Building #4</b>	_____
<b>Contents #4</b>	_____
<b>Building #5</b>	_____
<b>Contents #5</b>	_____
<b>Building #6</b>	_____
<b>Contents #6</b>	_____
<b>Grandstands</b>	_____
<b>Lights and Light Poles</b>	_____
<b>Exterior Signs</b>	_____
<b>Scoring Tower</b>	_____
<b>Outdoor Maintenance Equip. (if not listed in contents)</b>	_____

**Perimeter Fencing** \_\_\_\_\_

**Debris/Spectator Fencing** \_\_\_\_\_

**PA System** \_\_\_\_\_

**EDP/Computer Equipment** \_\_\_\_\_

**Other** \_\_\_\_\_

**Other** \_\_\_\_\_

**Total Property of Every Description:** \_\_\_\_\_

**COVERAGE REQUIRED:** | \_\_\_\_\_ |

**Co-Insurance:**  **80% Co-Ins.**

[Coverage is provided based on 80% co-insurance. The values listed above must be at least 80% of the replacement cost of the described and insured property for the amount above otherwise you will share in the loss to the extent that you are not insured to at least to the 80% of the replacement cost of the insured and listed value. In essence you will not receive the amount of insurance you anticipated and purchased insurance for.]

**Business Interruption:**

**Extra Expense:**                      **Limit:** \_\_\_\_\_

Extra Expense will reimburse you for the extra expense of staying in business such as the rental of a building to stay open. This coverage will not provide any loss of income coverage. If you require loss of income coverage in the event of a loss to an insured building or contents then please contact us to discuss.

**CRIME**

Robbery & Hold-Up:      Limit: \_\_\_\_\_ (\$10,000 maximum)

**BOILER & MACHINERY**

Boiler & Machinery Yes  No

Provides coverage against pressure, mechanical and electrical devices such as arcing, air compressor mechanical breakdown and explosion along with refrigeration and air conditioning mechanical breakdown. If you check yes, additional information may be required.

**INLAND MARINE (If to be insured)**

(Equipment that can be taken off-premises, including Mobile Equipment, not included as Contents under the Property Coverage. For Race Teams, include the competition vehicle, tools, miscellaneous equipment and spare engine that leave your premises.)

Unscheduled Miscellaneous Articles:                      Limit Required: \_\_\_\_\_

Limit should include smaller value items such as tools.

Amount of Most Valuable Item: \_\_\_\_\_

I UNDERSTAND THAT STONERIDGE SPECIALTY INSURANCE. FOR THE INSURING COMPANY, IS PERMITTED, BUT NOT OBLIGATED, TO SURVEY OUR PROPERTY AND OPERATIONS FOR UNDERWRITING AND/OR LOSS CONTROL PURPOSES AT ANY TIME. I ALSO UNDERSTAND THAT, BY MAKING AN UNDERWRITING AND/OR LOSS CONTROL SURVEY, OR PROVIDING ANY REPORT OF RECOMMENDATIONS, STONERIDGE SPECIALTY INSURANCE. IS NOT UNDERTAKING, ON BEHALF OF, OR FOR OUR BENEFIT (OR OTHERS), TO DETERMINE WHETHER OUR PROPERTY OR OPERATIONS ARE SAFE, OR IN COMPLIANCE WITH ANY STANDARDS, RULES OR REGULATIONS. UNDERWRITING AND/OR LOSS CONTROL SURVEYS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, UNDERWRITING AND SEEKING TO REDUCE CLAIMS AGAINST INSURANCE AND ARE NOT FOR THE BENEFIT OF ANY INSURED OR THIRD PARTY. I UNDERSTAND AND ACKNOWLEDGE THAT WE, THE INSURED, ARE SOLELY RESPONSIBLE FOR THE SAFETY OF OUR PROPERTY AND OPERATIONS, AND WE SHALL NOT REPLY UPON UNDERWRITING AND/OR LOSS CONTROL SURVEYS OR ACTIVITIES TO DETERMINE THE SAFETY OF OUR PROPERTY OR OPERATIONS AND WE SHALL NOT DIMINISH OR FOREGO OUR OWN SAFETY PRACTICES AND PROCEDURES IN RELIANCE UPON ANY STONERIDGE SPECIALTY INSURANCE. SURVEY.

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

**THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF ANY POLICY, SHOULD A POLICY BE ISSUED BECAUSE OF THIS APPLICATION. THE APPLICATION SHALL BE DEEMED A SCHEDULE TO SUCH POLICY, BUT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER UNLESS AND UNTIL A POLICY OF INSURANCE IS ISSUED IN RESPONSE TO THIS APPLICATION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By signing above, I authorize StoneRidge Specialty Insurance, in accordance with provincial regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

Send completed form to :  
StoneRidge Specialty Insurance  
1336 Sandhill Drive, Unit 4  
Ancaster Ontario  
L9G 4V5

Telephone No.: 1-226-318-1744  
Fax: 1-905-648-7399  
[Motorsports@StoneRidgeSpecialty.ca](mailto:Motorsports@StoneRidgeSpecialty.ca)