

COMMERCIAL ACCOUNT APPLICATION

Insured: _____

Principals: _____

Risk Location: _____

Mailing Address: same as above, or: _____

Loss Payable (Name & Address): _____

Years in Business at this Location: _____ Previous Experience: _____

Occupancy of Insured: _____

Type of Work Done: _____

Annual Sales: Cdn: \$ _____ USA: \$ _____ Other: \$ _____

Age of Building: _____ Sprinklered? Yes No

Construction: Walls: _____ Roof: _____ Floor: _____

Number of Storeys: _____ Total Square Footage: _____ Square Footage Per Floor: _____

Area Occupied by Insured: _____ Square Feet Occupies Basement? Yes No

Heating: Gas Oil Electric Hot Air Hot Water Other

When were the following updated?

Electrical: _____ Plumbing: _____ Heating: _____ Roof: _____ Oil Tank Age: _____

Other Tenants: _____

Exposure Left: _____ Exposure Right: _____

Hydrants: _____ Proximity: _____ Fire Hall: _____ Proximity: _____ Paid? Yes No

Is a CO2 System operational in the cooking area? Yes No

6-Month CO2 System Maintenance Contract in effect? Yes No

Monitored Burglar Alarm: _____ Monitoring Company: _____

Alarm System connected for fire detection? Yes No Monitoring Company: _____

Metal Bars on all windows and doors? Yes No

Glass: Type: _____ Measurements (Linear Footage): _____

Date: _____



Claims Over Past Five Years: (Date/Amount/Details) _____

Present Insurer: _____ Policy # _____

(Attach Declaration Page) Expiring Prem. \$ _____ Expiry Date: _____

Renewal Offered? Yes No Renewal Premium: \$ _____

Reason Renewal Denied: _____

Coverages: Fire & Extended Coverage Broad Form Deductible: _____

Building	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C.	\$	
Equipment	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C.	\$	
Stock	<input checked="" type="checkbox"/> A.C.V.	\$	
Office Contents	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C.	\$	
E.D.P.		\$	
Rental Income/Value		\$	
Gross Earnings:	Co. %	\$	
Profits:	Co. 100%	\$	
Extra Expense		\$	
Sign		\$	
Accounts Receivable		\$	
Valuable Papers		\$	
Cargo/Transit		\$	
Holdup		\$	
Broad Form Money		\$	
Liability		\$	
Non Owned Auto		\$	
Tenants Legal Liability		\$	
Glass		\$	
Boiler Insurance		\$	

Other Additional Hazards: _____

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Brokerage: _____ Broker Phone Number: _____

Dated: _____ Broker Signature: _____