

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: _____

Central Underwriters Inc. ("Central") is committed to protect personal information by complying with the Personal Information Protection and Electronic Documents Act and similar provincial privacy laws. By submitting this application, the applicant consents to the collection, use and disclosure of the information contained herein, and any other information Central reasonably requires, for the purpose of considering, evaluating and underwriting the proposed risk. Central will only disclose information relating to this application to persons or organizations necessary for the purposes described above. A copy of Central's Privacy Statement is available on request.

Brokerage: _____ Broker Phone Number: _____

Dated: _____ Broker Signature: _____



VACANCY and UNOCCUPANCY QUESTIONNAIRE
(TO ACCOMPANY COMMERCIAL ACCOUNT APPLICATION)

- 1) Is the property: (a) vacant [when a building has no furnishings at all (i.e. entirely empty)]? (b) unoccupied [when a building has all of its furnishings (i.e. furniture, lamps, etc.)]?
2) Has it ever been vacant or unoccupied before? Yes No
3) How long has it been vacant or unoccupied?
4) How long is it expected to be vacant or unoccupied?
5) Is it up for sale? Yes No
6) Why is it vacant or unoccupied?
7) Has electricity been disconnected? Yes No
8) Has water been shut off? Yes No
9) Are the doors and windows securely closed and locked? Yes No
10) Is all the rubbish removed from the building and the premises? Yes No
11) Is the grass cut in the summer and are the walkways cleared in the winter? Yes No
12) Are the adjacent buildings vacant or unoccupied? Yes No
13) How far is the building from the nearest building?
14) Is anyone making regular rounds of the premises? Yes No (a) If yes, who? (b) How often?
15) Is the Insured known to you? Yes No (a) If yes, for how long?
16) What is the general physical condition of the property? (Include comments re: any detached shed/garage)
17) Is the Insured financially sound? Yes No
18) We need to know: (a) Number of mortgages: (b) Amounts outstanding for each (approximately):

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Dated: Broker's Signature: