

**SECTION 1: APPLICANT INFORMATION**

1. Name of Applicant: \_\_\_\_\_
2. Principal: \_\_\_\_\_
3. Mailing Address of Applicant: \_\_\_\_\_
4. Risk Location (Legal Address): \_\_\_\_\_
5. Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
6. Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_
7. Loss Payee & Address: \_\_\_\_\_
8. Additional Insured & Address: \_\_\_\_\_

**SECTION 2: UNDERWRITING INFORMATION**

1. Applicant's Operations (Please describe in full detail):  
\_\_\_\_\_
2. Please list all tenants and their respective operations (if any):  
\_\_\_\_\_
3. Principal's Experience:  
\_\_\_\_\_
4. Length of Time in Business: \_\_\_\_\_ Years at this Location: \_\_\_\_\_
5. Annual Gross Receipts: \_\_\_\_\_  
Any US Sales?  Yes  No  
Any Liquor Sales?  Yes  No **If yes, please advise receipt amounts:** \_\_\_\_\_
6. Do you use sub-contractors to deliver part of your services offering?  Yes  No  
**If yes, do you require a proof of insurance from contractors?**  Yes  No
7. Do you provide services to other business as a sub-contractor?  Yes  No
8. Have you signed any agreements assuming liability?  Yes  No  
**If yes, please give details and provide copies:**  
\_\_\_\_\_
9. Do you transport equipment and participants with your own or leased vehicles?  Yes  No  
**If yes, please explain:**  
\_\_\_\_\_

10. Do you sell any products which you yourself produce?  Yes  No

If yes, please provide details:

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### SECTION 3: BUILDING / PROPERTY DETAILS

1. Age: \_\_\_\_\_ (If over 20 years old, we require updated information for 4, 5 and 6 below.)
2. Storeys: \_\_\_\_\_ Total Number of Units: \_\_\_\_\_ Applicant's Square Footage: \_\_\_\_\_
3. Construction:  Fire Resistive  Frame  Masonry / Non-Combustible  
 Other: \_\_\_\_\_
4. Heating: \_\_\_\_\_
5. Electrical:  Fuses  Breakers
6. Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_
7. Is the risk location sprinklered?  Yes  No
8. Does the Insured have a fire extinguishing & maintenance contract in place?  Yes  No
9. Does the Insured have a UL300 compliant fire suppression system installed?  Yes  No
10. Does the Insured have a steam cleaning contract (semi-annually) in place?  Yes  No
11. Burglary Protection:  Local Alarm  Central Monitored Alarm, monitored by: \_\_\_\_\_  
Alarm System:  ULC  Dedicated Lines  
Safe:  Class I  Class II  Class III  Other: \_\_\_\_\_
12. Town Grade:  Risk is within 8kms of a responding fire hall and 300m (1000ft) of a functional hydrant connected to the municipal water service.  
 Risk is within 8kms of a responding fire hall.  
 Risk is over 8kms from a responding fire hall.  
Fire Hall is:  Pay  Part-Time  Voluntary
13. Please attach photos of front, rear and sides of the building.
14. Who is responsible for the maintenance of the premises and parking area?

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If you are responsible, do you have the proper staff and procedures in place to prevent any accidents or slip and fall?  Yes  No

#### SECTION 4: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_  
 Expiring Premium: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
2. Is the above Insurer offering renewal?  Yes  No  
**If yes**, renewing premium: \_\_\_\_\_  
**If no**, please advise why not:  
 \_\_\_\_\_
3. Claims Experience. Describe all liability losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts):  
 \_\_\_\_\_
4. Effective Date: \_\_\_\_\_

#### SECTION 5: COVERAGES

- Property:  Broad Form  Named Perils Form  Fire Only Form  
 Earthquake  Flood  Sewer Back-up  
 Replacement Cost (Except "Stock")  Actual Cash Value

Coverage	Amount
<b>1. Building:</b>	
Include Blanket Bylaws Coverage <input type="radio"/> Yes <input type="radio"/> No	
Separate Bylaw Coverage <input type="radio"/> Yes <input type="radio"/> No	
<b>2. Equipment &amp; Stock:</b>	
Tenant Improvements & Betterments	
Customers Goods	
Consequential Loss	
<b>3. Transit</b>	
<b>4. Business Interruption</b>	
<input type="checkbox"/> Gross Earnings, Co-Insurance _____ %	
<input type="checkbox"/> Profits Form	
<b>5. Extra Expenses</b>	
<b>6. Auditors Fees</b>	
<b>7. Valuable Papers</b>	
<b>8. Accounts Receivables</b>	
<b>9. Rental Income (100% Co-Insurance, 12 months)</b>	
<b>10. EDP (Electronic Date Processing Form)</b>	



<b>11. Liability:</b>	
Commercial General Liability	
Owners, Landlords & Tenants Liability	
Tenants Legal Liability	
12. Non-Owned Automobile	
13. Malpractice	
<b>14. Crime:</b>	
Inside/Outside Robbery	
Money - Broad Form	
Burglary Damage to Building	
15. Bond (Please advise what bonding is required: _____ )	
16. Tool Floater (Please provide a complete list with individual values)	
17. Neon Signs	
18. Equipment Breakdown (Please specify form required below): _____	
<b>19. Other Coverages Required (Not listed above):</b>	



## SECTION 6: OTHER INFORMATION

Please provide any other information you feel would assist in the evaluation of your application:

## SECTION 7: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

\_\_\_\_\_  
Applicant's Name (Please print)

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (MM/DD/YYYY)

## BROKER CONTACT INFORMATION

Agent Name: \_\_\_\_\_

Brokerage Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_

City / Province: \_\_\_\_\_

Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_

