

General Property & Liability Application

Brokerage Name: _____ Contact : _____
Brokerage Address: _____ Postal Code: _____
Phone Number: _____ Fax Number: _____ E-mail Address: _____
Application Date: _____ Expiry Date: _____

General Information

Insured's Name: _____ Website: _____
Mailing Address: _____ Postal Code: _____
Risk Address: _____ Postal Code: _____
Years Experience: _____ Years at this Location: _____
Comments: _____

Current Insurer: _____ Expiring Premium: \$ _____ Any previous cancellations or declines? No Yes If yes, explain in comments.
Claims History: (Five Year) _____

What action/ corrective measures have been taken to avoid further losses? _____

CGL Information

Describe Operations: _____
Gross Receipts: Annual: \$ _____ Canada: % _____ USA: % _____ Other: _____
Notes: _____

Liquor Sales: \$ _____
Payroll: _____ Number of Employees: _____
Additional Insured's: _____

Security Information

Alarm System: Monitored Local Monitoring Company: _____ ULC Approved: Yes No
Windows Barred: Yes No Banking Daily: Yes No Frequency if not daily: _____
Type of Safe: _____ Cash Exposure : _____

Construction Survey

	<i>Location No. 1</i>	<i>Location No. 2</i>	<i>Location No. 3</i>
Building Description	_____	_____	_____
Age	_____	_____	_____
Stories	_____	_____	_____
Ground Floor Area	_____	_____	_____
Total Area of Building	_____	_____	_____
Tenant's Portion %	_____	_____	_____
Roof Material	_____	_____	_____
Wall Material	_____	_____	_____
Floor(s) Material	_____	_____	_____
Foundation	_____	_____	_____
Basement	_____	_____	_____
Heating	_____	_____	_____
Fuel	_____	_____	_____
Interior Housekeeping	_____	_____	_____
Exterior Housekeeping	_____	_____	_____
Hydrant Distance (m. / ft.)	_____	_____	_____
Firehall Distance (m. / ft.)	_____	_____	_____
No. Fire Extinguishers	_____	_____	_____
Sprinkler Protection	_____	_____	_____
Occupancy by Insured	_____	_____	_____
Occupancy by Others	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Exposing Properties	North	North	North
	South	South	South
	East	East	East
	West	West	West

Liability Extensions and Options

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Occurrence BI and PD | <input checked="" type="checkbox"/> Non-owned Auto | <input checked="" type="checkbox"/> Broad form PD |
| <input checked="" type="checkbox"/> Cross Liability | <input checked="" type="checkbox"/> Products/Completed Operations | <input checked="" type="checkbox"/> Attached Machinery |
| <input checked="" type="checkbox"/> Employees as Insured's | <input checked="" type="checkbox"/> Unlicensed Vehicles | <input checked="" type="checkbox"/> Personal Injury |
| <input checked="" type="checkbox"/> Loading Unloading | <input checked="" type="checkbox"/> Contingent Employers' Liability | <input checked="" type="checkbox"/> Pollution Exclusion |
| <input checked="" type="checkbox"/> Elevators | <input checked="" type="checkbox"/> Blanket Contractual | <input checked="" type="checkbox"/> Medical payments |
| <input checked="" type="checkbox"/> Incidental Malpractice | <input checked="" type="checkbox"/> Advertising Liability | <input type="checkbox"/> Hoist Collision |
| <input type="checkbox"/> Garage Liability | <input type="checkbox"/> Broad Form Completed Operations | <input type="checkbox"/> Hook Liability |
| <input type="checkbox"/> Delete XCU Exclusion | <input type="checkbox"/> Owner's, Contractor's Protective | |

Coverage Summary

Coverage	Value Discussed	Coverage Form	Guardian Use Only
Building #1	\$	<input type="checkbox"/> All risk <input type="checkbox"/> Named Perils <input type="checkbox"/> RC	\$
Building #2	\$	<input type="checkbox"/> ACV <input type="checkbox"/> 90% Co <input type="checkbox"/> Stated Amount	\$
Building #3	\$	<input type="checkbox"/> Same Site Clause Removed	\$
Bylaws	\$	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$	\$
		<input type="checkbox"/> Blanket <input type="checkbox"/> Incr. Cost <input type="checkbox"/> Debris Removal <input type="checkbox"/> Value Undamaged Portion	
Fixtures/Equipment	\$	<input type="checkbox"/> All risk <input type="checkbox"/> Named Perils	\$
Tenants' Improvements	\$	<input type="checkbox"/> Replacement cost <input type="checkbox"/> ACV	\$
Office Contents	\$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$	\$
Stock	\$	<input type="checkbox"/> All Risk <input type="checkbox"/> Named Perils	\$
Off Premises Contents/Stock	\$		\$
Property of Others	\$	<input type="checkbox"/> Consequential Loss/Off Premises Power	\$
Earthquake/Flood	\$	Deductibles: % minimum \$10,000	\$
Sewer Back-Up	\$	Deductible: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	\$
Business Interruption	\$	<input type="checkbox"/> Profits <input type="checkbox"/> Gross Earnings 80 % Coinsurance	\$
Extra Expense	\$	<input type="checkbox"/> Gross Earnings 50% Co <input type="checkbox"/> ALS	\$
Auditors / Professional Fees	\$	<input type="checkbox"/> Comprehensive BI <input type="checkbox"/> No Co Earnings	\$
		<input type="checkbox"/> Rental Income	
Crime	\$	<input type="checkbox"/> BFMS <input type="checkbox"/> Hold up <input type="checkbox"/> Safe Burglary <input type="checkbox"/> Depositors Forgery	\$
		<input type="checkbox"/> Employee Dishonesty Form A <input type="checkbox"/> B <input type="checkbox"/> <input type="checkbox"/> Money Orders/Counterfeit Currency	
Accounts Receivable (Discuss Credit Insurance)	\$	How stored	\$
Valuable Papers	\$	How stored	\$
EDP Floater	\$	Mechanical Breakdown <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$	
Contractors Equipment Floater	\$	<input type="checkbox"/> All risk <input type="checkbox"/> Named perils Deductible: \$ <input type="checkbox"/> Schedule Attached	\$
Tool Floater	\$	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$	\$
Installation Floater	\$	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$	\$
Sign Floater	\$	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$	\$
Glass Coverage	\$	<input type="checkbox"/> Blanket Deductible: \$	\$
CGL	\$	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	\$
		Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$	
Tenants' Legal Liability	\$	<input type="checkbox"/> All risk <input type="checkbox"/> Named Perils	\$
		Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$	
Additional Coverage Required	\$		\$
	\$		\$
	\$		\$
	\$		\$