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| --- | --- | --- |
| logo.jpg  Insight. Experience. Commitment. | Property Application | |
|  | |  |

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Introduction / Executive Summary

|  |
| --- |
|  |

Property Section

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. |  |

|  |  |
| --- | --- |
| Name of Insured |  |

|  |  |
| --- | --- |
| **Type** | **Information / Description** |
| **Location** |  |
| **Construction** |  |
| **Building** |  |
| **Equipment** |  |
| **Stock** |  |
| **Business Interior** |  |
| **Total** |  |

|  |  |  |
| --- | --- | --- |
| **Property / Risk Insured** | | |
| **Coverage** | **Limit of Coverage** | **Coverage Requested** |
| Property of Every Description anywhere in Canada or the United States including in transit |  | Yes  No |
| Business Interruption – Profits |  | Yes  No |
| Indemnity Period – 12 months |  | Yes  No |
| Ordinary Payroll –       days |  | Yes  No |
| Business Interruption – Gross Earnings |  | Yes  No |
| Coinsurance 50% 80% |  | Yes  No |
| Ordinary Payroll –       days |  | Yes  No |
| Gross Rentals |  | Yes  No |
| Extra Expense |  | Yes  No |

|  |  |  |
| --- | --- | --- |
| **Perils Insured** | | |
| **Coverage** | **Limit of Coverage** | **Coverage Requested** |
| **Basis of Loss Settlement** | | |
| Buildings and Equipment – Replacement Cost |  | Yes  No |
| Stock – Selling Price |  | Yes  No |
| Bylaws coverage applicable to Buildings and Equipment |  | Yes  No |
| Functional Replacement Cost on EDP Equipment and Media |  | Yes  No |
| Additional Time required for rebuilding |  | Yes  No |
| All Risks of Physical Loss or Damage including Earthquake, Flood and Sewer Backup |  | Yes  No |

**Limits of Liability**

|  |  |
| --- | --- |
| Any One Occurrence |  |
|  |  |
| Annual Aggregate – Earthquake |  |
|  |  |
| Annual Aggregate – Flood |  |

**Sublimit**

Automatic Coverage – Newly Acquired Locations

|  |  |
| --- | --- |
| 90 Days Reporting |  |
|  |  |
| Not Subject to Reporting |  |
|  |  |
| Property in Transit |  |
|  |  |
| Extra Expense |  |

|  |  |
| --- | --- |
| Course of Construction |  |

|  |  |
| --- | --- |
| **Deductibles** |  |
| **Coverage** | **Deductible** |
| Earthquake – 3% of Values Subject to minimum |  |
| Earthquake – 5% of Values Subject to Minimum |  |
| Flood |  |
| ALl Other Losses |  |

|  |  |  |
| --- | --- | --- |
| **Policy Form** | | |
| **Coverage** | **Limit of Coverage** | **Coverage Requested** |
| **Manuscript Wording Including:** | | |
| Valuable Papers |  | Yes  No |
| Accounts Receivable |  | Yes  No |
| Fine Arts |  | Yes  No |
| Course of Construction |  | Yes  No |
| Debris Removal |  | Yes  No |
| Expediting Expense |  | Yes  No |
| Fire Fighting Expense |  | Yes  No |
| Consequential Damage by Service Interruption |  | Yes  No |
| Electronic Data Processing Equipment and Media Coverage (INcl. Mechanical and Electrical Breakdown) |  | Yes  No |
| Pollution Cleanup and Removal |  | Yes  No |
| per Occurrence |  | Yes  No |
| aggregate |  | Yes  No |
| Defense Costs |  | Yes  No |
| Radioactive Contamination |  | Yes  No |
| Consequential Loss |  | Yes  No |
| Professional Fees |  | Yes  No |
| Personal Effects of Employees and Officers –       per person |  | Yes  No |
| Money and Stamps |  | Yes  No |
| Lawns, Trees and Shrubs |  | Yes  No |
| Physical Damage by Civil Authority |  | Yes  No |
| Interruption by Civil Authority – 8 weeks |  | Yes  No |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Requested** |
| Ingress/Egress – 8 weeks |  | Yes  No |
| Service Interruption |  | Yes  No |
| Contingent BI and Extra Expense including but not limited to Contributing and Recipient Premises |  | Yes  No |
| Permission for Unlimited Vacancy |  | Yes  No |
| Breach of Conditions |  | Yes  No |
| Control of Damaged Stock |  | Yes  No |
| Severability of Interest |  | Yes  No |
| Scope of Coverage |  | Yes  No |
| Errors and Omissions clause |  | Yes  No |
| Joint Loss agreement |  | Yes  No |
| Cancellation – 90 days notice |  | Yes  No |

Property Technical Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| Location: |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| Date: |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| Inspected By: |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Conferred with: |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Number of Employees: |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| Hours of Operation: |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| **Construction** |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| Ground Floor Area: |  | | | | | Number of Storey’s: | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Exterior Walls: | Concrete Block | | | | | | Concrete Panels | | | | | | Reinforced Concrete | | | | | | Concrete | | | | |
|  |  | | | | | |  | | | | | |  | | | | | |  | | | | |
| Supporting Walls: | Steel | | | | | | Wood | | | | | |  | | | | | |  | | | | |
|  |  | | | | | |  | | | | | | | |  | | | | | |
| Ground Floor: | Wood Block | | | | | | Reinforced Concrete | | | | | | | | Steel with Concrete | | | | | |
|  |  | | | | | |  | | | | | | | |  | | | | | |
| Other Floors: | Wood Block | | | | | | Reinforced Concrete | | | | | | | | Steel with Concrete | | | | | |
|  |  | | | | | |  | | | | | |  | | | | | |  | | | | |
| Roof: | Concrete | | | | | | Metal | | | | | | Steel / Wood Deck | | | | | | Wood | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| Comments: |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| Common Hazards: | Heating Systems | | | | | |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | Utilities | | | | | |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| Process Hazards: |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| **Protection** |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | Alarms Local | | | | | | Alarms Central Station | | | | | |
| Automatic Sprinklers: | | % | | | | | Yes  No | | | | | | Yes  No | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | |
| Burglar Protection: | | Describe: | |  | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | |
| Other Fire Protection: | | Describe: | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | |  | | | | | | | | | | | | |
| Watchman Service: | | Yes  No | | | | | Describe: | | |  | | | | | | | | | | | | |
| Portable Fire Extinguishers | | Yes  No | | | | |
|  | |  | | | | |
| Hand Hoses | | Yes  No | | | | |
|  | |  | | | | |
| Hydrants: | | Within 100 m – 350 ft | | | | | | Yes  No | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | | | | | | |
|  | | Comments: | | |  | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | | | | | | | | | | | | | | | |
| Water Supply | | City Mains? | | | Yes  No | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | | | | | | | | | | | | | | | |
|  | | Other? | | |  | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | | | | | | | | | | | |
| Fire Department | | Fully Paid  Volunteer | | | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | |  |  | | | | | | | | |  | | |
|  | | Distance from the site (kms) | | | | | | | |  | Distance from Site (miles) | | | | | | | | |  | | |
|  | |  | | | | | | | |  |  | | | | | | | | |  | | |
|  | |  | | | | | | |  | | Distance to site (metres/feet) | | | | | | | | |  | | |
|  | |  | | | | | | |  | |  | | | | | | | | |  | | |
| Exposures: | | North: |  | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | |
|  | | South: |  | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | |
|  | | East: |  | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | |
|  | | West: |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  | |  | |  | |
| Flood Risks: | | Distance to open body of water (meters) | | | | | | | | | | | |  | | (feet) | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| Additional Comments: | |  | | | | | | | | | | | | | | | | | | | | |

Estimated Property Values

|  |  |
| --- | --- |
|  |  |
| Date : |  |

Location address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Type** | **Information / Description** | **values insured** |
| Location |  |  |
| Construction |  |  |
| Building |  |  |
| Equipment |  |  |
| Stock |  |  |
| Business Interior |  |  |
| **Total** |  |  |

Location address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Type** | **Information / Description** | **values insured** |
| Location |  |  |
| Construction |  |  |
| Building |  |  |
| Equipment |  |  |
| Stock |  |  |
| Business Interior |  |  |
| **Total** |  |  |

Location address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Type** | **Information / Description** | **values insured** |
| Location |  |  |
| Construction |  |  |
| Building |  |  |
| Equipment |  |  |
| Stock |  |  |
| Business Interior |  |  |
| **Total** |  |  |

Include Office Contents and EDP Equipment / Media / Extras Expense

Property Loss History

**Summary by Policy Year : From** **To**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy Year** | **Net Amount Paid (# Claims)** | **Adj. Expenses** | **Outstanding** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Declaration

The Proposer declares and warrants that after full and reasonable enquiry and investigation and to the best of his/her knowledge and belief all statements and particulars contained in this Proposal Form and (if applicable) any addenda hereto are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal Form and that should the above particulars alter in any way confirms that he/she will advise the Underwriters as soon as is practicable.

The Proposer further declares and warrants that he/she has been duly authorized by the Directors and Officers and the Company to act as their agent in respect of all matters of any nature or kind relating to or affecting this Proposal Form and the Policy.

The Proposer understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal Form may result in the Underwriters refusing to provide indemnity or voiding the Policy in every respect.

The Proposer hereby agrees and accepts that this Proposal Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into.  
  
he Underwriters are hereby authorized, at their absolute discretion, to make any investigation and enquiry in connection with regard to this Proposal Form as they deem necessary.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Name of Signatory |  | Position |
|  |  |  |
| Contact Person |  | Telephone # |

**Check List of Attached Documents**

* Exposure Data
* Schedule of Locations and Values
* Claims History
* Risk Control
* Other Supporting Documents