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

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Introduction / Executive Summary

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| --- |
|       |

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