



PROPERTY & CASUALTY

GENERAL COMMERCIAL INSURANCE APPLICATION

PLEASE COMPLETE ALL QUESTIONS AS FULLY AS POSSIBLE.
USE A SEPARATE FOR ADDITIONAL LOCATIONS AND/OR IF INSUFFICIENT SPACE.

BASIC INFORMATION

| | | |
|-------------------------------|--------------------|-----------------------------|
| Name of Applicant: | Any Previous Name: | Broker: |
| Mailing Address: | | |
| Risk Location: | | |
| Principal of Applicant: | Website Address: | |
| Telephone: | Contact Person: | Date of Incorporation: |
| Period of insurance: From: | To: | at 12.01 a.m. Standard Time |
| Loss Payee(s) if any: | | |
| Additional Insured: | | |

UNDERWRITING INFORMATION

| | | |
|---|--------------------------------|-------------------------|
| Applicant's Occupancy & Operation: | | |
| Other Occupancies in the Building: | | |
| Number of years in Business: | Number of years of Experience: | At Current Location: |
| Previous Losses (5 years): Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: | | |
| Claim Details (Details of all claims/losses for past 5 years under current Business Name and for any previous Business Name if noted above) | Claim Date: | Paid Out/Reserve Amount |
| | | |

| | | |
|---|--------------------|--------------|
| | | |
| Are you aware of any incidents that may result in a claim? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please describe: | | |
| Previous Insurer: | Policy No: | Expiry date: |
| Expiry Premium: \$ | Target Premium: \$ | |
| Has any Insurer cancelled, declined or refused to renew insurance during the past 5 years: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: | | |
| Other information: | | |

| PROPERTY LOCATION DETAILS (Please attach a photograph where possible) |
|--|
| Location #1: Address (if different than Postal Address): _____ |
| Year Built: _____ Number of stories: _____ Are you responsible for building insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Total Area: _____ Area Occupied by Applicant: _____ Occupies Basement? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Occupied by Applicant as: _____ Occupied by others as: _____ |
| Any portion of this building: Vacant or Unoccupied? Yes <input type="checkbox"/> No <input type="checkbox"/> Under Renovation? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please explain: _____ |
| Structure type: <input checked="" type="checkbox"/> Industrial Plaza <input type="checkbox"/> Strip Plaza <input type="checkbox"/> Stand-Alone Building <input type="checkbox"/> Commercial / Residential <input type="checkbox"/> Commercial Condo <input type="checkbox"/> Other _____ |
| Wall Construction: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Hollow Concrete Block <input type="checkbox"/> Metal Clad – Steel Frame <input type="checkbox"/> Solid Brick Masonry <input type="checkbox"/> Brick Veneer – Wood Frame <input type="checkbox"/> Glass Panel – Metal Frame <input type="checkbox"/> Log Rustic <input type="checkbox"/> Metal/Vinyl Clad – Wood Frame <input type="checkbox"/> Frame/Stucco/Exterior Insulation Finishing System (EIFS) <input type="checkbox"/> Other: _____ |
| Roof Construction: <input type="checkbox"/> Concrete Joist <input type="checkbox"/> Steel Deck <input type="checkbox"/> Wood Joist <input type="checkbox"/> Heavy Timbers <input type="checkbox"/> Open Wood, Corrugated Metal |
| Roof Coverage: <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Slate <input checked="" type="checkbox"/> Tile <input type="checkbox"/> Wood shake/Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tar and Gravel <input checked="" type="checkbox"/> Other: _____ |
| Floor Construction: <input type="checkbox"/> Reinforced Concrete (Fire-Resistive) <input type="checkbox"/> Wood (Combustible) <input type="checkbox"/> Concrete Pad (Non-Combustible) <input type="checkbox"/> Other: _____ |

| | | | |
|--|------------------------------------|--|--|
| Heating: | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Combination Furnace | <input type="checkbox"/> Hot water | <input type="checkbox"/> Wood Stove | <input type="checkbox"/> Other: _____ |
| Air Conditioning: | <input type="checkbox"/> Roof | <input type="checkbox"/> Central | <input type="checkbox"/> Window Mounted <input checked="" type="checkbox"/> None |
| Electrical: Wiring is | <input type="checkbox"/> Cooper | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Knob and Tube |
| Protection is | <input type="checkbox"/> Fuse | <input type="checkbox"/> Circuit Breaker | <input type="checkbox"/> Electrical Service <input checked="" type="checkbox"/> AMPS |
| Plumbing: | <input type="checkbox"/> Cooper | <input type="checkbox"/> Plastic | <input type="checkbox"/> Cooper / Plastic PVC Mix |
| <input type="checkbox"/> Galvanized | <input type="checkbox"/> Steel | <input type="checkbox"/> Lead | <input type="checkbox"/> Other: _____ |
| When were the following updated? | | | |
| Roof _____ | Heating _____ | Oil Tank Age _____ | Electrical _____ Plumbing _____ |
| Maintenance: | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Housekeeping: | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |

FIRE PROTECTION

Select the distance between the building you own or occupy and the nearest Municipal Fire Hydrant:

- Protected Within 150 meters (500 feet)
- Semi-Protected between 150 meters and 300 meters (500 feet and 1000 feet)
- Unprotected over 300 meters (1000 feet)

Fire hall (Responding) _____ Km/Miles Paid Full Time Paid Part time Volunteer

Does the building have working smoke and fire alarms? Yes No

Is it ULC certified? Yes No

If yes, is it monitored? Yes No

If yes, name the monitoring company _____

Portable Fire Extinguishers? Yes No Number _____

Service Annually? Yes No

Standpipe and Hose? Yes No Condition: Adequate Inadequate

Is the area you occupy sprinklered? Yes No

Is the entire building sprinklered? Yes No

Is sprinkler system designated to handle fire load for occupancy? Yes No

Sprinkler System? Wet Dry

Monitored? Yes No If yes, name the monitored company _____

Does the sprinkler system have a maintenance contract? Yes No

Is sprinkler system fully tested at least once a year? Yes No

Other Fire Protection: Amount Extinguishing System over cooking area

If so, is it Wet Dry

Spray Booth

Dust Collector

| | |
|--|---|
| Other (if so, please specify): _____ | |
| Do you have any flammable/combustible liquids on premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much: | |
| On premises and how is it stored: | |
| Is the location well-travelled and with adequate parking facilities nearby? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Neighboring Exposure? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide full details: | |
| | |
| Occupant (Right): | Area Occupied: <input type="checkbox"/> m ² <input type="checkbox"/> sq.ft. ² |
| Occupant (Left): | Area Occupied: <input type="checkbox"/> m ² <input type="checkbox"/> sq.ft. ² |
| Quality of Neighborhood: <input type="checkbox"/> Declining/Congested <input type="checkbox"/> Improving/Developing <input type="checkbox"/> Stable <input type="checkbox"/> Not Known | |
| Loss Management: Any business continuity/crisis management/disaster recovery plan? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Any special loss control protection measures? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, advise full details: | |
| Miscellaneous Information: | |
| Note: If more than one building/location, please provide separate schedule. | |

| CRIME | | | |
|--|--|---|--|
| Burglar Alarm: <input type="checkbox"/> Central Station Monitored <input type="checkbox"/> Local <input type="checkbox"/> None | | | |
| Surveillance Camera in place: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Number of Cameras: Inside: Outside: | |
| If yes, do you retain copies of these tapes for future use? | | | |
| If monitored, by whom: | | Percentage protected: % | |
| Dedicated line: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Connected for fire detection: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Are metal bars on all windows & doors? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Are all doors fitted with deadbolts? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Perimeter Lighting: Yes <input type="checkbox"/> No <input type="checkbox"/> | | 3 rd Party Security Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Other Security Features? _____ | | | |
| How many employees do you have on payroll? _____ | | How many would handle money? _____ | |
| Do you have a Class II Safe on Premises? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Do you make daily deposits the bank? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| LIABILITY SURVEY OF HAZARDS | |
|---|---|
| Fully Describe Client's Business Operations (include operations outside of Canada and attach brochure if available): _____ | |
| | |
| Number of years business established: _____ | Experience of Principal/Partners: _____ |
| Total number of employees: _____ | Full time: _____ Part time: _____ |
| Are all of the employees covered by worker's Compensations? Yes <input type="checkbox"/> No <input type="checkbox"/> Estimated Payroll: _____ | |
| If no, please provide details: _____ | |

| GROSS REVENUE DECLARATION | | |
|--|----------------------|-------------------------|
| Type of Goods Sold and/or Nature of Services | Annual Gross Revenue | Projected Gross Receipt |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Total Receipts: | \$ | \$ |
| Revenue Split (%): Canada _____ USA: _____ Other: _____ Where: _____ Any U.S. Sales? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, percentage breakdown of Gross Revenue in relation to each of their operations: | | |
| Does the Applicant occupy any locations or have any activities outside of Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide full details: | | |
| Any off-premises exposure? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explanation and percentage required: | | |
| Cost and description of any sublet operations: | | |
| Proof of insurance obtained from subcontractors? Yes <input type="checkbox"/> No <input type="checkbox"/> Is Applicant added as an Additional Insured? | | |

| OPERATIONS LIABILITY | | |
|---|-----------|--|
| Are all professional employees licensed? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Number of employees: | Licensed: | Unlicensed: |
| Has the Applicant or business owners ever been cited and/or fined by any legal authority? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, provide full details: | | |
| Does the Applicant do any fundraising activities? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, provide full details: | | |
| Does the Applicant employ or operate aircraft or watercraft? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, provide full details: | | |
| Does the Applicant manufacture, assemble or process any product? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, provide full details: | | |
| Does the Applicant operate a retail outlet, restaurant or similar premise? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, provide full details: | | |
| Does the Applicant sell or otherwise distribute any goods (including foods – e.g. cookies) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether such goods are produced by others or not? | | |
| If yes, provide full details including any importation from outside Canada: | | |
| Does the Applicant promote, organize or sponsor events or functions where alcohol is served | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|--|--|
| other than that, which would be incidental such as a meeting at a licensed restaurant? If yes, provide full details: | |
| Does the Applicant promote, organize or sponsor any special community events or functions such as a parade, carnival, fair street/block party or similar type event? If yes, provide full details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Applicant promote, organize or sponsor any sporting, recreational or entertainment event or own, control or provide facilities for such? If yes, provide full details including use of third-party subcontractors with evidence of insurance: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Applicant promote, organize or sponsor any function or event that would involve the use of fireworks or any other inherently dangerous or hazardous material? If yes, provide full details including use of third party subcontractors with evidence of insurance: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Applicant's activities involve any work installation (e.g., snow shoveling, maintenance or repairs, etc.) for others, whether paid or not? If yes, provide full details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Applicant rent, lease, or hire any automobiles/trailers for less than 30 days from others? If yes, provide full details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do employees/volunteers/members use their own vehicles on behalf of the business of the Applicant? If yes, provide full details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Applicant check to ensure that the person has adequate insurance on the vehicle? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are Third-Party Subcontractors Used? If yes, describe work performed: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are certificates of insurance obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Applicant engage in any of the following operations? | |
| Airport Premises | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Bridge Work | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Demolition or Wrecking | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Excavation – Depth | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Propane Work | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Ship or Docks | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Spraying (Paint) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Moving Structures | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Welding (Off Premises) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Welding (On Premises) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Raising Structures | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Chemicals | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Cranes | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pile Driving | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Insulation (Install/Remove) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Caisson Work | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Drilling | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Gases | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Blasting | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Asbestos | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Roofing Work | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Liquified Petroleum | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Shoring/Tunneling/Underpinning | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Natural Gas | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Spraying (Pesticides) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Radioactive materials | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Swimming Pool Work | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Describe in detail: | |
| | |
| | |
| | |

| PRODUCT LIABILITY | |
|---|--|
| Does the Applicant manufacture the complete product? If no, What component parts are purchased by the Applicant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Applicant assemble the product? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Applicant maintain and/or service the products? If so, state receipts from source: \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do any of applicant's products require mixing, blending, altering, repacking or relabeling by others If yes, state details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are any of Applicant's products inflammable or explosive? If yes, state details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are any of applicant's products toxic or poisonous either by themselves or in combination with other materials? If yes, state details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do any of these products applicant now sells or ever has sold contain asbestos? If yes, state details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does applicant issue guarantees and/or warranties to purchasers? If yes, state details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does applicant agree to hold both dealers or distributors or supplies harmless against claims or Suits for personal injury or property damage in connection with applicant's products? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is product accompanied by any brochures available? If yes, please attach. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does Applicant maintain quality control procedures? If yes, give brief outline of such procedures: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does Applicant maintain complete inventory records, shipment records and/or delivery records to consignees and are serial a/o batch numbers shown on the finished product and on shipment invoices? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Can the date of manufacture of each product be identified by factory number stamped on it? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has Applicant ever recalled any products for any reasons or been ordered to do so by any Government Authority? If yes, state details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have any products been withdrawn or discontinued during the past five years? If yes, stated details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| What will be the end use of these products? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Special Exposures (Please, answer sections only for applicable exposures):

| | | | |
|---|---------------------------|--|--|
| Automotive Services | | | |
| *Attach Garage Automobile Application | | | |
| Number of Employees | Mechanical Work | Body Work | Other (specify) |
| Annual Gross Receipts | Mechanical Work Retail | Body Work Other (specify) | Gasoline |
| Does the Insured sell used parts? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Insured install any parts for heavy commercial vehicles? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Insured performed propane conversion? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Insured dispense propane? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Approved ULC spray booth? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Flammable liquids stored safely in ULC containers, cabinets or separate cut off area? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Any towing operation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If so How many trucks? _____ | | | |
| Any vehicles sold? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If so, how many in a year? | | | |
| Business and Professional | | | |
| Does the Insured hire subcontractors for installation repairs or delivery? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Insured require all contract employees to have their own liability insurance? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Insured have any esthetician or spa services? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the Applicant a member in good standing in any governing association or society? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the Insured act as a tour operator or a wholesale travel agent? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does client do any contracting, manufacturing or software programming or Web site design? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are all professional employees licensed? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Number of employees: Licensed _____ Unlicensed _____ | | | |
| If any question has been answered with "Yes" please provide details. | | | |
| Contractor and Trades | | | |
| Check all types of work performed by the applicant (specify % where applicable) | | | |
| <input type="checkbox"/> Asbestos or UFFI Removal | ____% | <input type="checkbox"/> HVAC | ____% |
| <input type="checkbox"/> Alarm/Sprinkler Installation | ____% | <input type="checkbox"/> Land Clearing | ____% |
| <input type="checkbox"/> Blasting | ____% | <input type="checkbox"/> Landscaping | ____% |
| <input type="checkbox"/> Carpentry | ____% | <input type="checkbox"/> Masonry | ____% |
| <input type="checkbox"/> Concrete work | ____% | <input type="checkbox"/> Painting | ____% |
| <input type="checkbox"/> Demolition or Wrecking | ____% | <input type="checkbox"/> Pile Driving | ____% |
| <input type="checkbox"/> Dredging | ____% | <input type="checkbox"/> Plumbing | ____% |
| <input type="checkbox"/> Drywall | ____% | <input type="checkbox"/> Pollution Cleanup | ____% |
| <input type="checkbox"/> Electrical | ____% | <input type="checkbox"/> Rigging | ____% |
| <input type="checkbox"/> Excavating-Depth- | ____% | <input type="checkbox"/> Road Construction | ____% |
| <input type="checkbox"/> Fireproofing | ____% | <input type="checkbox"/> Roofing Hot tar | ____% |
| <input type="checkbox"/> Grading | ____% | <input type="checkbox"/> Roofing Shingle | ____% |
| <input type="checkbox"/> Shoring | ____% | <input type="checkbox"/> Snow removal | ____% |
| <input type="checkbox"/> Structural Steel | ____% | <input type="checkbox"/> Tunneling | ____% |
| <input type="checkbox"/> Waterproofing | ____% | <input type="checkbox"/> Underpinning | ____% |
| <input type="checkbox"/> Mould Remediation | ____% | <input type="checkbox"/> Water Remediation | ____% |
| <input type="checkbox"/> Welding | ____% | <input type="checkbox"/> Wiring | ____% |
| <input type="checkbox"/> Woodworking | ____% | <input type="checkbox"/> Other (specify) | ____% |

| | | | |
|---|---------------------------------------|--------------------------------------|--|
| Provide Breakdown of construction work based on estimated gross annual revenue | | | |
| Residential ___% | Commercial ___% | Industrial ___% | |
| Any work in the USA? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Any equipment rented to other? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Any operation involving spraying? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Subcontractors | | | |
| Is work subcontracted? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes, describe work performed _____ | | | |
| Estimated Receipts Amount \$ _____ | | | |
| Are subcontractors insured? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, what amount of insurance is carried? _____ |
| Are certificates of insurance obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Hospitality | | | |
| Provide Breakdown of receipts for | | | |
| Food \$ _____ | Liquor \$ _____ | Deliveries \$ _____ | Catering \$ _____ |
| % _____ | % _____ | % _____ | % _____ |
| Are commercial cooking appliances protected by a fixed automatic fire suppression system? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, is there a valid semi-annual maintenance/service contract with a qualified contractor in effect? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, does it meet the requirements of ULC 1256.6 or UL 300 (wet chemical system)? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is there a K class wet chemical portable fire extinguisher on hand? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Live Entertainment | <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Dance Floor | |
| Manufacturing | | | |
| Describe the type of product: | | | |
| | | | |
| | | | |
| Are sales brochures/catalogues available? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, attach copies |
| Cutting and/or Grinding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes, is there a dust collection system/practice in place: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Welding/Brazing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes, 1) Is this done in a separate cut-off area? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2) Where are the compressed gas cylinders stored? | _____ | | |
| Spray Painting? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes, is this done in a separate cut-off area? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| What flammable/combustible liquids do you use and how do you store on your premises? | | | |
| _____ | | | |
| | | | |
| Do you have any ULC approved metal cabinets/containers, a separate cut-off area or external storage building for you flammable and combustible liquids? | | | |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have a formalized maintenance program in place? | | | |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have a formalized safety program in place? | | | |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is production machinery in good condition? | | | |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is any or all your production machinery custom-made or imported? | | | |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If yes, please advise where it is made and how long it would take to be replaced

In the event of the interruption of business for a supplier of raw materials or components used in your manufacturing process, do you have alternate suppliers that can be utilized? Yes No

Do you have more than one or two distributors/vendors of your products? Yes No

Is data backed up with list of all suppliers/customers with off-site storage? Yes No

How often are back ups stored off site? Daily Weekly Other(specify) _____

Do you have a formalized disaster recovery plan in place? Yes No

Are any raw materials or component parts imported from outside Canada or USA? Yes No

If yes, please specify _____

Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards? Yes No

Which standards apply? UL/ULC CSA OSHA US FDA
 Other _____

Is there a quality control program with written records kept? Yes No

Do quality control procedures protect adequately against product end-use losses? Yes No

Does the Insured have any hold harmless agreements with any suppliers or customers? Yes No

If yes, please attach copy

Does the Insured obtain Certificates of Insurance from all subcontractors or suppliers showing the Insured as Additional Insured? Yes No

If not, will the Insured do so in the future? Yes No

Would any product manufactured and sold by the Insured eventually be sold to the USA and/or used in the USA? Yes No

Any servicing/installation done by the Insured in the USA? Yes No

Does a product recall program exist? Yes No

Has recall plan ever been used? Yes No

If yes, please explain fully

Realty

Number of units: Residential _____ Commercial _____ Number of elevators _____

Number of condominium directors and officers _____ Number of condominium unit's owner occupied _____

Pool Sauna Playground Recreational Facilities Parking

Number of Parking Spaces _____

Building occupancy

If several different retail/industrial occupants need a list of all tenants, area occupied, description of operations including appropriate loss prevention measures.

Is there a loss control program in place that includes regular snow removal from outdoor Yes No

parking lots/walkways?

If yes, are bodily injury incident reports filed and supporting documentation retained? Yes No

Are certificates of insurance obtained from: Snow removal contractor Tenants

Would you live/work in building? Yes No

Retail

Maximum amount of cash on premises? Daytime \$ _____ Overnight \$ _____

Are tobacco products sold? Yes No Value \$ _____

Are lottery tickets sold? Yes No

If there are sales of tobacco products or lottery tickets, are they stored in a locked and secured container overnight? Yes No

If yes, describe _____

Does the Insured sell any products with their own labels? Yes No

If yes, describe _____

Wholesale

Describe the type of products

Are any products imported from outside Canada and USA? Yes No

If yes, please specify _____

Are any products repackaged or relabeled? Yes No

If yes, please specify _____

MODERN SPECIALTY INSURANCE LTD.
5500 North Service Rd. Suite 208, Burlington, Ontario L7L 6W6

| LIMITS OF INSURANCE | | | | | |
|--|-------------------------------------|---------------------------------------|------------|--------|--|
| Coverage:- | <input type="checkbox"/> Broad Form | <input type="checkbox"/> Named perils | Deductible | Co-Ins | Limit of Insurance |
| Building(s) | <input type="checkbox"/> ACV | <input type="checkbox"/> RC | | 90% | \$ |
| Stock | <input type="checkbox"/> ACV | <input type="checkbox"/> RC | | 90% | \$ |
| Equipment | <input type="checkbox"/> ACV | <input type="checkbox"/> RC | | 90% | \$ |
| Office Equipment | | | | 90% | \$ |
| <input type="checkbox"/> Business Income | | | | 90% | \$ |
| <input type="checkbox"/> Extended Business Income | | | | 100% | \$ |
| <input type="checkbox"/> Rental Income | | | | 100% | \$ |
| <input type="checkbox"/> Extended Rental Income | | | | 100% | \$ |
| <input type="checkbox"/> Extra Expense | | | | 100% | \$ |
| <input type="checkbox"/> Equipment Breakdown | | | | 100% | \$ |
| <input type="checkbox"/> Data Compromise Coverage - \$1,000 Each Personal Data Compromise | | | | - | \$50,000 Annual Aggregate |
| <input type="checkbox"/> Identity Recovery Coverage - \$250 Each Identity Recovery Insured | | | | - | \$15,000 Annual Aggregate |
| <input type="checkbox"/> Crime – Comprehensive Dishonesty, Disappearance, Destruction and Forgery. | | | | | \$ |
| <input type="checkbox"/> (ULC/CSA) approved minimum Class II Safe or better | | | | - | \$ |
| <input type="checkbox"/> Liability – Occurrence Form | <input type="checkbox"/> CGL | <input type="checkbox"/> OLT | | - | \$ |
| <input type="checkbox"/> Tenants Legal Liability | | | | | \$ |
| <input type="checkbox"/> Medical Payments | | | | - | \$ 2,500 Per person \$10,000 Per occurrence |
| <input type="checkbox"/> Personal Injury | | | | - | \$ |
| <input type="checkbox"/> Non-Owned Automobile – SPF#6 | | | | - | \$ |
| <input type="checkbox"/> Other coverage - Specify | | | | | \$ |

BROKER DECLARATION

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____
Is the applicant financially sound? Yes No Have you personally seen this property? Yes No
Do you recommend this applicant? Yes No Is the property for sale? Yes No
Comments: _____

I/We hereby declare that the statements and particulars contained in this application are true and that I/We have not suppressed or mis-stated any material facts and I/We agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: _____ Date: _____

Print Name of Broker/Producer & Brokerage: _____

DISCLAIMER

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application for insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of insurance.

The policy may be deemed to be void and claims may be denied where:

1. An applicant for a contract:
 - a) Provides false or erroneous information to the prejudice of the insurer: or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The Insured contravenes a term of the Contract or commits a Fraud; or
3. The Insured willfully makes a false statement in respect of a claim under the Contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES.

Signature of Applicant: _____ Date: _____

Title of Applicant: _____

Broker's Signature: _____ Date: _____