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| Application  Commercial Property Insurance |

Submitting Broker, please complete the following to assist us in processing this submission:

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| Name of Brokerage |  |
| Name of Broker Contact |  |
| Brokerage Address |  |
| **For renewal purposes only** | Policy Number: |

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| **THE APPLICANT** |

1. Name of Organization or Legal Entity (Applicant Company) including any subsidiaries:

(Please show the complete name as you wish it to appear on the policy.)

1. Address (not PO Box):
2. Website:
3. Number of years at this location:
4. Number of years in business:
5. Nature of Operation:
6. Name of previous carrier:

Expiry Date:

Expiring Premium:

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| **LOCATION INFORMATION**  (COMPLETE FOR EACH LOCATION COVERED) |

1. Location: Same as Above  Other:
2. (a) Is the building owned by the Applicant?  YES  NO

(b) Area occupied by the Applicant:

(c) Number of storeys:

(d) Year built:

1. Please indicate the following:
2. Wall Construction:  Frame

Brick and Wood Frame

Masonry

Steel

Insulated Metal Panels

Exterior Insulation and Finish Systems

Other:

1. Roof Construction:  Wood Joist

Steel Deck

Reinforced Concrete

Plank on Timber

Concrete on Steel

Other:

1. Floor Construction:  Wood Joist

Reinforced Concrete

Plank on Timber

Concrete on Steel

Other:

1. Dates and Extent of Updates:

(i)Roof:

(ii)Wiring:

Any aluminum wiring:  YES  NO

(iii)Plumbing:

Any galvanized piping:  YES  NO

Any plastic piping:  YES  NO

(iv)Heating:

1. Number of storeys that are occupied:
2. Total square footage of occupied space:
3. Adjacent Exposing Occupancies

North:       East:

South:       West:

1. Please indicate the following:

(a) Fire Protection:  Hydrant within 300 metres

Fire Station within 5km

Unprotected (no hydrant)

(b) Fire Department:  Full Time

Composite

Volunteer

(c) Fire Alarm:  None

Local

Central Station

(d) Sprinklers:  None

Partial       %

Located in:

Yes 100%

1. Are all doors equipped with double cylinder deadbolt locks?  Yes  No

If no, please describe protection:

1. Please indicate the following:
2. What type of alarm do you have at each location?:

Hold up alarm  Local alarm

Premises alarm  Safe alarm

Central Station monitored alarm

1. If alarm differs from location to location, please specify:
2. Who installs and services your alarm(s)?:

**\*\*Please attach a copy of your alarm certificate(s) to this application.\*\***

1. Loss Payee(s) and Mailing Address:
2. Mortgagees:

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| **COVERAGES, LIMITS AND NOTES** |

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| LOCATION | Location 1 | Location 2 | Location 3 |
| PROPERTY VALUES | Limit: | Limit: | Limit: |
| Building |  |  |  |
| Equipment |  |  |  |
| Stock |  |  |  |
| Tenants’ Improvements |  |  |  |
| Office Contents |  |  |  |
| Miscellaneous Tools |  |  |  |
| Contractor’s Equipment |  |  |  |
| Unscheduled Contractor’s Equipment |  |  |  |
| EDP Equipment |  |  |  |
| EDP Data Media |  |  |  |
| Customer Goods |  |  |  |
| Property of Others |  |  |  |
| Transit |  |  |  |
| Extra Expense |  |  |  |
| Profits |  |  |  |
| Rents |  |  |  |
| Other (please specify) |  |  |  |

**\*Note: If more than three locations, please copy this page and attach as a separate sheet.**

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| CRIME | Limit: | Deductible: |
| Employee Dishonesty |  |  |
| Loss Inside the Premises |  |  |
| Loss Outside the Premises |  |  |
| Money Orders and Counterfeit Currency |  |  |
| Depositions Forgery |  |  |
| Lessees Safe Deposit Box Burglary and Robbery |  |  |

1. Employee Information:
2. Total Number of Class 1 Employees\*:
3. Total Number of Employees:

\*Class 1 Employee refers to all officers and employees who, as part of their regular duties, handle, have custody of or maintain records of money, securities and other property.

1. Internal Controls:
2. Are your systems designed so that no one employee can control a transaction from beginning to end (e.g., approve an invoice, request and sign a cheque)?

YES  NO

1. Are bank accounts reconciled by someone not authorized to deposit or withdraw?

YES  NO

1. Is countersignature of all cheques required?:

YES  NO

1. Are account receivable randomly verified by direct contact with customers?:

YES  NO

1. Unique/Significant Exposures:

Indicate if you have or perform any of the following (check all that apply):

Narcotics  Computer chips

Precious metals or gemstones  Managed assets of others

Warehousing operations  Proprietary trading activity

Care, custody and control of client’s property  Valuable collections

If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss:

1. Flood?:  YES  NO
2. Earthquake?:  YES  NO

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| **EQUIPMENT BREAKDOWN** |

1. Boiler:
2. Boiler type (if any):  Steam  Hot Water
3. How many boilers are at the insured location?:
4. Is there a maintenance contract in force?:  YES  NO
5. Air Conditioning:
6. Central air conditioning?:  YES  NO

If yes, how many units:

Horsepower of each unit:

Tons of each unit:

1. Is the a maintenance contract in force?:  YES  NO
2. How many compressors are at the insured location?:
3. Horsepower of each compressor?:
4. Pressure Vessels
5. Are there any other pressure vessels?:  YES  NO

If yes, are any over 24 inches in diameter?  YES  NO

1. How many pressure vessels are at the insured location?
2. Is there a preventative maintenance contract in force for insured’s equipment?

YES  NO

1. Perishable Products:
2. Is spoilage coverage of perishable products required?:

YES  NO

1. Are perishable products monitored by a central station for compressor breakdowns?:

YES  NO

1. Back Up Power:
2. Are automatic, self-starting, non-electrical, backup power units providing a minimum of six hour power supply optional?:

YES  NO

1. Is there transient voltage surge suppression?

YES, at main panel

YES, at each individual refrigeration unit

NONE

1. Is there any specialty equipment which would take longer than three months to replace?:

YES NO

If YES, please provide details and time element to replace and install:

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| **CLAIMS INFORMATION – ALL PROPERTY, CRIME, BOILER AND MACHINERY** |

1. Claims experience for the past five years (please provide a description, date and amount of loss):

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| **APPLICANT’S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM** |

I hereby acknowledge that the information collected in the application form is acquired by my insurance broker to be transmitted to PMR Insurance Services Ltd, for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize PMR Insurance Services Ltd., it’s insurers or service providers to:

* conduct a verification, using outside sources, of the information contained in the application form, in attached documentation and in subsequently provided documentation;
* in the event of a claim, transmit the submitted and verified information to last adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on PMR Insurance Services Ltd., please contact [nona@pmr-insurance.com](mailto:nona@pmr-insurance.com)

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| **DECLARATIONS AND SIGNATURE** |

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statement set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to their insurance broker.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued, and this form will become part of the policy.

Name of Applicant (please print)

Signature of Applicant Date (dd/mm/yyyy)