

## COMMERCIAL BUSINESS INSURANCE APPLICATION FORM

### SECTION 1: BASIC INFORMATION

Name of Applicant (s): \_\_\_\_\_ Broker: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_

Principal of Applicant (s): \_\_\_\_\_ Website Address: \_\_\_\_\_

### SECTION 2: UNDERWRITING INFORMATION

Applicant's Occupancy & Operation: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Number of Years of Experience: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Previous Losses (5 Years): Yes No If yes, please describe: \_\_\_\_\_

Claim Details	Claim Date	Paid Out / Reserve Amount

Are you aware of any incidents that may result in a claim?: Yes No

If yes, please describe: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Estimated Annual Revenues: \$ \_\_\_\_\_

Territory		
CAD	USD	FOREIGN

Hospitality	
FOOD SALES	LIQUOR SALES

**SECTION 3: PROPERTY DETAILS**

No. of Stories: \_\_\_\_\_ Area: Sq. Ft \_\_\_\_\_ Age/Year Built: \_\_\_\_\_  
 Construction: \_\_\_\_\_ Wall: \_\_\_\_\_ Floor: \_\_\_\_\_ Roof: \_\_\_\_\_  
 Heating: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Sprinklered: Yes No \_\_\_\_\_ %  
 Renovation Upgrade: \_\_\_\_\_ Electrical: \_\_\_\_\_ Year Completed: \_\_\_\_\_ Full Partial \_\_\_\_\_ %  
    Plumbing: \_\_\_\_\_ Year Completed: \_\_\_\_\_ Full Partial \_\_\_\_\_ %  
    Heating: \_\_\_\_\_ Year Completed: \_\_\_\_\_ Full Partial \_\_\_\_\_ %  
    Roof: \_\_\_\_\_ Year Completed: \_\_\_\_\_ Full Partial \_\_\_\_\_ %  
 Extinguisher: Yes No Smoke Detector: Yes No Fire Alarm: Yes No Monitored by: \_\_\_\_\_  
 Burglary Alarm: None Local Monitored If monitored, by whom: \_\_\_\_\_  
 Bars on Windows: Yes No Deadbolt on Door: Yes No Perimeter Lighting: Yes No  
 3<sup>rd</sup> Party Security: Yes No

**SECTION 4: COVERAGES AND LIMITS**

COVERAGES	AMOUNT/LIMIT	COVERAGES	AMOUNT/LIMIT
<b>PROPERTY</b>			
Building	\$		\$
Contents	\$		\$
Equipment	\$		\$
Stock	\$		\$
Broad form: Yes No	RC (Except Stock): Yes No		Deductible: \$
Limited form: Yes No	ACV: Yes No		Other:
Flood: Yes No	Earthquake: Yes No		Sewer Back Up: Yes No
<b>BUSINESS INTERRUPTION</b>			
Gross Earnings Form		Profits Form	
Rental Value Form			
<b>BOILER:</b> Yes No			Deductible: \$
<b>CRIME:</b> Yes No			Deductible: \$
<b>LIABILITY</b>			
Comprehensive General Liability	\$	Other (Specify)	\$
Tenants Legal Liability	\$		\$
Products Completed Operation	\$		\$
Non-owned Automobile	\$		\$
Deductible: \$	\$		\$

**BROKER QUESTIONNAIRE**

Is this Business new to your office? Yes      No

If no, how long have you known the applicant? \_\_\_\_\_

Have you seen this property? Yes      No      If yes, when? \_\_\_\_\_ Condition? \_\_\_\_\_

**For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd’s Underwriters’ insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured’s right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claim history. I authorize my broker, Towerhill, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker’s or insurance company’s policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf**

**This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.**

**THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED**

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_ Signature of Broker: \_\_\_\_\_