

## GameDay Property Supplementary Insurance Application Form

Please complete only the section that applies to your activity

FOR PROPERTY: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Construction:

Fire Resistive (Walls, floors, roof and supports of solid masonry)

Masonry, Non-Combustible (Walls of masonry, floors and roof of masonry or engineered non-combustible materials, supported by protected steel)

Non-Combustible (Walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)

Masonry Veneer (Walls less than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)

Frame (walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material)

Distance to closest Municipal Fire Hydrant:    Within 500 ft        between 500 and 1,000 ft        over 1,000 ft

Year built: \_\_\_\_\_

Heating type: \_\_\_\_\_

Housekeeping: \_\_\_\_\_

Square footage: \_\_\_\_\_

Alarm System:    None        Local        Monitored ULC approved

Is the building Sprinklered?    Yes        No        Partial

### Coverage Requirements

Coverages:	Amount of Insurance
Building	_____
Property of Every Description	_____
Tenants Improvements	_____
Business Interruption (Please complete attached worksheet)	_____
Extra Expense	_____
Computer (Hardware/Software)	_____
Miscellaneous Property Floater	_____
Crime Coverage	_____
Boiler & Machinery	_____

Including:    Flood        Earthquake        Sewer Backup

**Business Income Worksheet Amount of Insurance**

DESCRIPTION OF ITEM	ACTUAL FIGURES FOR LAST FINANCIAL YEAR	PROJECTED FIGURES
A. Revenue (the money paid or payable to the Insured for goods sold and delivered and for services rendered in course of the "Business" at the "Premises" after allowing for returns and discounts.	\$	\$
B. Closing Stock and Work in Progress	\$	\$
C. Total ("A" + "B")	\$	\$
D. Opening Stock and Work in Progress	\$	\$
Uninsured Operating Expenses (see Note 2 below)  "Ordinary Payroll"	\$	\$

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on the issuance of a policy or written binder specifically authorized by the Company or Agency. Quotations will be based upon the information provided and the applicant warrants that this information is true.

This application is submitted with the following specific understanding:

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**The signing of this application does not bind insurance.**