

# FACSIMILE APPLICATION FOR COMMERCIAL PROPERTY

1] Name and address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

2] How long in business: \_\_\_\_\_

3] Perils \_\_\_\_\_ Interests \_\_\_\_\_ Limits \_\_\_\_\_

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4] Coinsurance % \_\_\_\_\_ ACV/RCV \_\_\_\_\_ Suggest Deductible \$ \_\_\_\_\_  
( Minimum \$1,000 )

5] Address of Location(s): \_\_\_\_\_  
\_\_\_\_\_

6] Construction \_\_\_\_\_ Year Built \_\_\_\_\_ Prot. Class \_\_\_\_\_ Area (sq') \_\_\_\_\_ # Stories \_\_\_\_\_

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7] Description of operations and/or occupancy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8] Private/Public Protections: \_\_\_\_\_  
\_\_\_\_\_

9] Building condition and utility updates:

Condition \_\_\_\_\_ Plumbing \_\_\_\_\_

Type of wiring \_\_\_\_\_ Wiring \_\_\_\_\_

Heating \_\_\_\_\_ Roofing \_\_\_\_\_  
\_\_\_\_\_

10] Details of other occupancies: \_\_\_\_\_  
\_\_\_\_\_

11] Neighbourhood (from a crime & vmm point of view)  
\_\_\_\_\_

12] Five year loss record, with deductible:

DATE	AMOUNT PAID	DEDUCTIBLE APPLICABLE	CAUSE OF LOSS
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13] Expiring carrier and terms, if known: \_\_\_\_\_

14] Status of: Housekeeping \_\_\_\_\_  
Financial \_\_\_\_\_

15] Mortgagee/Loss Payee: \_\_\_\_\_  
\_\_\_\_\_

16] If flood to be covered, need full flood information and history i.e. any basement/flood zone/height above and distance from nearest body of water:

\_\_\_\_\_  
\_\_\_\_\_

17] Is any insurer cancelling or non-renewing? \_\_\_\_\_ If so, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18] Any other comments: \_\_\_\_\_

\_\_\_\_\_

19] Target pricing: \_\_\_\_\_

## SUPPLEMENTAL FOR RESTAURANT/TAVERNS

20] Type of entertainment: \_\_\_\_\_

21] Type of clientele: \_\_\_\_\_

22] Is it seasonal? \_\_\_\_\_

23] Fire extinguishing system? YES \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_