



[Casualty Application]

## **COMMERCIAL PROPERTY/LIABILITY APPLICATION**



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# COMMERCIAL PROPERTY/LIABILITY APPLICATION

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Insured (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Business Operations: \_\_\_\_\_

Website Address (if applicable): \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage?  
If yes, please provide details:  Yes  No

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART 2 PROPERTY UNDERWRITING INFORMATION

Select the Construction Class, which best describes your building:

- Fire Resistive** (Walls, floors, roof and supports of solid concrete)
- 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 (including Mill)** (Walls of **greater** than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal)
- Masonry Veneer** (Walls of **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)
- Other** \_\_\_\_\_

Select the distance between your building and the nearest Municipal Fire Hydrant:

- Within 500 feet     Between 500 and 1000 feet     Over 1000 feet

Insured's Occupancy: \_\_\_\_\_ Other Occupancies: \_\_\_\_\_ Year built: \_\_\_\_\_

If over 30 years old, have there been any updates to the building? \_\_\_\_\_

Adjacent Exposures: \_\_\_\_\_

Height of building: \_\_\_\_\_ Heating Type: \_\_\_\_\_ General Housekeeping: \_\_\_\_\_

Total Building Sqft: \_\_\_\_\_ Applicant's Sqft: \_\_\_\_\_ Building Sprinklered :  Yes  No \_\_\_\_\_ %

Burglary Alarm System :  Monitored  Local  None

Is the monitoring company ULC Approved?  Yes  No

Does your building have a ULC Automatic Fire Extinguishing system (if applicable)?  Yes  No

Has the system been independently tested within the past 12 months (if applicable)?  Yes  No

Dust Collection System (if applicable)?  Yes  No

Approved spray booth (if applicable)?  Yes  No

Do you have any flammable / combustible liquids on your premises?  Yes  No  
If yes, how much and how are they stored? \_\_\_\_\_

Miscellaneous Information: \_\_\_\_\_

**PART 3 GENERAL LIABILITY UNDERWRITING INFORMATION**

Full description of Business Operations: \_\_\_\_\_

Year business established: \_\_\_\_\_ Experience of the principal / partners: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-time Employees: \_\_\_\_\_ Part-time Employees: \_\_\_\_\_

Gross Receipts (Operations) : \_\_\_\_\_ Gross Receipts (Products): \_\_\_\_\_ Any US sales?  Yes  No If yes, \_\_\_\_\_ %

Require percentage breakdown in gross receipts for each aspect of their operations (if applicable): \_\_\_\_\_

Any off premise exposure?  Yes  No If yes, explain and what \_\_\_\_\_ %

Cost and description of any sublet operations: \_\_\_\_\_

Does the applicant engage in any of the following operations? If yes, describe on separate attachment.

Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airport Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drilling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spraying (Pressure Washing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excavation Work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welding (Off premises)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spraying (Paint)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Propane Work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welding (On Premises)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spraying (Pesticides)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ships or Docks	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART 4 CRIME UNDERWRITING INFORMATION (IF APPLICABLE)**

How many employees do you have on payroll? \_\_\_\_\_ How many of those employees would routinely handle money? \_\_\_\_\_

Do they have a safe on premises?  Yes  No

If yes, is it ULC approved and what class? \_\_\_\_\_

Do you make daily deposits to the bank?  Yes  No

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Transit	
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Other:	
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery	
Broad Form Money & Securities	
Commercial Blanket Bond (FORM A)	
Other:	
LIABILITY COVERAGE	AMOUNT OF INSURANCE
Bodily Injury & Property Damage – per occurrence	
Products & Completed Operations – aggregate limit	
Personal Injury Liability – per occurrence	
Non-Owned Automobile Liability – per occurrence	
Tenants Legal Liability	
Other:	

**OPTIONAL COVERAGES: (Select any of the following optional coverages you require)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sewer Back-up | <input type="checkbox"/> Replacement Cost           | <input type="checkbox"/> Property Extension End't               |
| <input type="checkbox"/> Flood         | <input type="checkbox"/> Stated Amount Co-Insurance | <input type="checkbox"/> Comprehensive Property Extension End't |
| <input type="checkbox"/> Earthquake    | <input type="checkbox"/> By-Laws                    |   |

## NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant 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) Gives 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.

**Applicants Signature:**

**Position:**

**Please Print Name:**

**Date:**