



[Inland Marine Package Application]

COMMERCIAL PROPERTY SUPPLEMENT

Use with any Inland Marine Contractors Application



T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: info@cansure.com W: www.cansure.com

COMMERCIAL PROPERTY SUPPLEMENT

Use this supplement along with any Inland Marine Package Application where Property is to be insured. Please complete the following for each building.

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Applicant: _____

Location Address: _____

PART 2 BUILDING INFORMATION

Description of Building, Age & Use: _____

Building Number: _____ Square Footage: _____ ft.

Is the building owned by the Insured? Yes No Are there any other Occupants of the building? Yes No

If Yes to above, describe the other occupancies: _____

Adjacent Exposing Occupancies:

North: _____ South: _____

East: _____ West: _____

FIRE PROTECTION:

Hydrants within 300 meters? Yes No

Fire Hall within 8 kilometers? Yes No

Sprinklered? Yes No

Unprotected (No hydrants)

CONSTRUCTION:

Masonry (HCB) Concrete Metal Wood Frame Log Other: _____

ROOF:

Age: _____ Yrs. Metal Tar & Gravel Asphalt Wood Updated: _____

HEATING:

Forced Air Electric Hot Water Gas Oil Wood-ULC Approved? Yes No Air Conditioning? Yes No

ELECTRICAL:

Fuses Breakers Other: _____ Wiring Copper Aluminum Age: _____ Yrs.

ALARMS:

Local Alarm Centrally Monitored Smoke Detectors Locked Gate Fire Extinguishers

BUILDING UPDATES: (Describe below)

COOKING:

Is there any cooking in this building? Yes No If Yes, is there a Deep Fat Fryer? Yes No

If Yes to above, is there a Wet Chemical System covering the cooking area? Yes No Date last serviced? _____

LOSS HISTORY:

Have there been any instances of property loss or damage occurring at this location in the past 5 years? Yes No If Yes, explain fully below:

INSURABLE VALUES:

	Total Insured Value (\$)
Buildings	
Contents and Equipment and Tenants Improvements	
Stock	
Tools on site	
BI Gross Rents coverage	
BI Gross Profits coverage	
BI Extra Expense	
Computer (Hardware/Media/Software)	
Mechanical Breakdown coverage required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	
Deductible(s)	

Please attach photographs, if at all possible

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, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

