



[Property Application]

## **TERRORISM PROPERTY & BUSINESS INTERRUPTION APPLICATION**

With Active Shooter and Vehicular Attack Coverage



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# TERRORISM PROPERTY & BUSINESS INTERRUPTION APPLICATION

## PART 1 GENERAL INFORMATION

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

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

Operating Name: \_\_\_\_\_

Address of Main Office/Headquarters: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Describe Nature of Business Operations:

Type of Business:  Corporation  Partnership  Joint Venture  Individual  Other (Please describe below):

## PART 2 INSURED VALUES

### PHYSICAL ASSETS & BUSINESS INTERRUPTION INFORMATION:

(Or as per attached schedule to be provided by Broker, preferably electronically)

Address	Postal/Zip Code	Property Value	Bus. Interruption	Total Values

### SUMMARY:

Property Damage: \$ \_\_\_\_\_

Business Interruption: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

## PART 3 RISK ANALYSIS INFORMATION

Current security arrangements for all locations:



Has any threat been made against the Applicant's asset(s) i.e. bomb scares?

Yes  No

If "Yes" to above, please provide details:

Have there been any previous acts of Terrorism, at either:

The Applicant's premises, or to their asset(s)?

Yes  No

In the immediate vicinity (one mile)?

Yes  No

Please describe any ancillary reasons for requiring this insurance:

Is the building shared with any other occupants?

Yes  No

If "Yes" to above, please state who:

Please describe the surrounding area and occupants of neighbouring offices/buildings:

Please describe any business involvement the Applicant has with any government agencies, i.e. contractors for defence industry, etc.:

Please indicate which of the Applicant's premises are either owned, leased or rented to the government and/or government/state agency:

Are any of the following within 500 meters of the asset(s)?

Military Premises?

Yes  No

Medical Facilities practicing Elective abortion?

Yes  No

Chemical and Pharmaceutical Facilities engaged in research and testing involving animals?

Yes  No

Government premises?

Yes  No

Tourist Attractions?

Yes  No

Airport?

Yes  No

Landmarks?

Yes  No

## 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: \_\_\_\_\_

## BROKER DECLARATION

How long have you known this applicant? \_\_\_\_\_

Is this account new or renewal to you? \_\_\_\_\_

Have you personally viewed the applicant's operations? \_\_\_\_\_

What is the condition of facilities and equipment? \_\_\_\_\_

What is the applicant's attitude toward risk management and insurance? \_\_\_\_\_

Do you recommend this applicant? \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please print name: \_\_\_\_\_

Date: \_\_\_\_\_