***COMMERCIAL MULTIPLE PERIL APPLICATION***

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| --- | --- |
| Applicant’s Name (Legal and Operating): | Broker: |
| Risk Location: | Broker Code: |
| Principal’s Name:  Contact Number: | Branch: |
|  | Policy Period:       to       (12:01 AM) |
|  |  |

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| --- | --- |
| **Applicant Data- Occupancy** | |
| Description of Operations (Attach financials, company/ product brochures and other related information) | |
|  | |
| Business Start Date: | Business Experience: # of Years: |
|  | |
| **Loss and Policy History** | |
| Previous *claims* in the past 5 years?  Yes,  No Describe: | |
| **Previous Insurer:** | **Policy #:** |
| Has any insurer *cancelled, declined or* *refused* to renew Commercial Insurance in the past 5 years?  Yes,  No | |
| **Supporting Business:** Policy #: | Company: |

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| **Construction Details** | | | | | | | | | | | | | |
| Wall Construction | | Reinforced Concrete  Brick Veneer | | | | | Hollow Concrete Block  Metal Clad- Steel Frame | | | | Solid Brick Masonry  Wood Frame | | |
| Roof Construction | | Concrete Joist  Heavy Timbers  Wood Joist | | | | | Steel Deck  Open Steel System, Corrugated Metal, Steel Trusses  Open Wood, Corrugated Metal | | | | | | |
| Year Built:       If building over 25 years, have updates been carried out  Yes,  No | | | | | | | | | | | | | |
| **Renovation Dates**: | Roof: | | | | Heating: | | | | Electrical: | | | | Plumbing: |
| Hydrant Protected? | | | | Distance to Fire hall:       kms       miles | | | | | | | | | |
| Smoke Detectors:  Yes,  No | | | | Alarm System: | | | | Fire: | | Burglary: | | Monitored 24 Hr: | |
| Sprinklers:  Yes,  No | | | CO2 System: Yes,  No *If yes*:  Wet Chemical,  Dry Chemical | | | | | | | | | | |
| Total Area of Business (Including Basement):       sq. m       sq. ft | | | | | | | | | | | | | |
| Area Occupied by Insured:       sq. m       sq. ft | | | | | | | | | | | | | |
| # of Stories (excluding basement) | | | | | | Basement:  Yes,  No | | | | | | | |
| **Type of Heating**: Primary: | | | | | | Secondary: | | | | | | | |
| **Type of Electrical System:** Breakers | | | | | | Fuses | | | | | | | |

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| **Coverages** | | | | | | | | | | | | | | | | |
|  | | **Coverages** | **All Risk** | | | **NP** | | **Ded.** | | | **Coins %** | **Amount of Insurance** | | | **Rate** | **Premium** |
| **Property** | | |  | | |  | |  | | |  |  | | |  |  |
|  | | Building |  | | |  | |  | | |  |  | | |  |  |
| Equipment |  | | |  | |  | | |  |  | | |  |  |
| Stock |  | | |  | |  | | |  |  | | |  |  |
| Contents |  | | |  | |  | | |  |  | | |  |  |
| Office Floater |  | | |  | |  | | |  |  | | |  |  |
| Builder’s Risk |  | | |  | |  | | |  |  | | |  |  |
| Contractors Equip |  | | |  | |  | | |  |  | | |  |  |
| Computer Rider |  | | |  | |  | | |  |  | | |  |  |
| Cargo |  | | |  | |  | | |  |  | | |  |  |
| Other |  | | |  | |  | | |  |  | | |  |  |
| **Extensions of Coverage** | | | | | | | | | | | | | | | | |
|  | | Inflation Protection | | |  | | | | Flood | | | |  | | | |
| Peak Season | | |  | | | | Sewer Backup | | | |  | | | |
| Earthquake | | |  | | | | Replacement Cost | | | |  | | | |
| **Business Interruption** | | | | | | | | | | | | | | | | |
|  | | Actual Losses | | |  | | | | | | | | | | | |
| Gross Earnings | | |  | | | | | | | | | | | |
| Profits | | |  | | | | | | | | | | | |
| **Boiler and Machinery** | | | | | | | | | | | | | | | | |
|  | | Equipment Breakdown | | |  | | | | Option 2 | | | |  | | | |
| Option 1 | | |  | | | | Option 3 | | | |  | | | |
| **Crime** | | | | | | | | | | | | | | | | |
|  | | Broad Form Money and Securities | | | | | | |  | | | | | | | |
| Inside and Outside Paymaster Robbery | | | | | | |  | | | | | | | |
| Money Orders and Counterfeit Currency | | | | | | |  | | | | | | | |
| Depositors Forgery | | | | | | |  | | | | | | | |
| Employee Dishonesty | | Form A: | | | | | Form B: | | | | | | | |
| **Liability** | | | | | | | | | | | | | | | | |
| Liability (occurrence) Limit: $ | | | | | | | | | Prop/ Ops Aggregate: $ | | | | | | |
| BI & PD Deductible: $ | | | | | | | | | Medical Payment: $ | | | | | | |
| Tenants Legal Liability: $ | | | | | | | | | Premises only:  Yes,  No | | | | | | |
| Personal Injury: $ | | | | | | | | | Prod/ Comp Ops:  Yes,  No | | | | | | |
| Non Owned Automobile: $ | | | | | | | | | Annual Revenue: $ | | | | | | |
| Other: $ | | | | | | | | |  | | | | | | |
| **M.R.P**: $ | | | | | | | **Total Premium**: $ | | |

**Signed by:** **Date:**

***NOTE: Please attach a photo or EMAIL a photo of the RISK***