***SPECIALTY PROPERTY APPLICATION***



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| Applicant’s Name (Legal and Operating):       | Broker:       | Policy Period:      to       (12:01 AM) |
| Applicant’s Address:       | How Long in Business:       |
| Other Occupants: [ ]  Yes, [ ]  No |
| Principal Business Address:       | Location of Insured’s Property:      |
| Mortgage Name and Address:       |
| **Construction Details** |
| Walls:       | Number of apartments:       | Electrical: [ ]  Fuses, [ ]  Breakers |
| Roof:      | Interior Finish:       | Hydrant Protected? [ ]  Yes, [ ]  No |
| Storeys (excluding basement):      | Auto Sprinklers:[ ]  Yes,[ ]  No | Fire hall? [ ]  Yes, [ ]  No  |
| Basement: [ ]  Yes, [ ]  No | Automatic CO2: [ ]  Yes, [ ]  No |  Distance from building(km):      |
| Heating:       | Number of Extinguishers:       | Alarm system: Fire [ ]   |
| Year Built:       | Smoke Detectors: [ ]  Yes, [ ]  No |  Name:      |
| Area of building:       | Vault [ ]  or Safe [ ]  | Alarm system: Burglary [ ]  |
|  |  Its name (class):       |  Name:      |
|  |
| **Loss and Policy History** |
| Have there been any *losses* or *claims* by the applicant in the past 5 years? If yes, complete below: [ ]  Yes, [ ]  No |
|  |  |  |  |  |  |
| **Previous Insurer:** | **Policy #:** |
| Has any insurer *cancelled, declined or* *refused* to renew Commercial Insurance to the Applicant within the past 5 years? [ ]  Yes, [ ]  No |
| **Supporting Business:** Policy #: | Company:       |
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| **Coverages** |
| Co Form | Coverages | NP | Deductible($) | Coins % | Amount of Insurance ($) | Rate ($) | Premium ($) |
|       | Building | NP |       |       |       |       |       |
|       | Equipment | NP |       |       |       |       |       |
|       | Stock | NP |       |       |       |       |       |
|       | Contents (E&S) | NP |       |       |       |       |       |
|       | Rental Income | N/A |       |       |       |       |       |
|       | Premises Liability | N/A | $1000BI&PD Ded. | N/A |       |       |       |
| **M.R.P**: $       | **Total Premium**: $       |

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***NOTE: Please Attach or Email a Photo of* ALL *Buildings
NOTE: Tenant Restriction Endorsement Applies to Rental Properties***

Signature:       Date: