

COMMERCIAL MULTIPLE PERIL APPLICATION

Applicant's Name (Legal and Operating):	Broker:
Risk Location:	Broker Code:
Principal's Name: Contact Number:	Branch:
Mortgagee Name and Address:	Policy Period: to (12:01 AM)

Applicant Data- Occupancy

Description of Operations (Attach financials, company/ product brochures and other related information)

Business Start Date:	Business Experience: # of Years:
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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: _____

Construction Details

Wall Construction	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Hollow Concrete Block	<input type="checkbox"/> Solid Brick Masonry
	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Metal Clad- Steel Frame	<input type="checkbox"/> Wood Frame
Roof Construction	<input type="checkbox"/> Concrete Joist	<input type="checkbox"/> Steel Deck	
	<input type="checkbox"/> Heavy Timbers	<input type="checkbox"/> Open Steel System, Corrugated Metal, Steel Trusses	
	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Open Wood, Corrugated Metal	
Year Built:	If building over 25 years, have updates been carried out <input type="checkbox"/> Yes, <input type="checkbox"/> No		
Renovation Dates:	Roof:	Heating:	Electrical: Plumbing:
Hydrant Protected?	Distance to Fire hall: kms miles		
Smoke Detectors: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Alarm System: Fire: <input type="checkbox"/>	Burglary: <input type="checkbox"/>	Monitored 24 Hr: <input type="checkbox"/>
Sprinklers: <input type="checkbox"/> Yes, <input type="checkbox"/> No	CO2 System: <input type="checkbox"/> Yes, <input type="checkbox"/> No	If yes: <input type="checkbox"/> Wet Chemical, <input type="checkbox"/> 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: <input type="checkbox"/> Yes, <input type="checkbox"/> No		
Type of Heating: Primary:	Secondary:		
Type of Electrical System:	<input type="checkbox"/> Breakers	<input type="checkbox"/> Fuses	

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	<input type="checkbox"/>			Flood	<input type="checkbox"/>		
Peak Season	<input type="checkbox"/>			Sewer Backup	<input type="checkbox"/>		
Earthquake	<input type="checkbox"/>			Replacement Cost	<input type="checkbox"/>		
Business Interruption							
Actual Losses	<input type="checkbox"/>						
Gross Earnings	<input type="checkbox"/>						
Profits	<input type="checkbox"/>						
Boiler and Machinery							
Equipment Breakdown	<input type="checkbox"/>			Option 2	<input type="checkbox"/>		
Option 1	<input type="checkbox"/>			Option 3	<input type="checkbox"/>		
Crime							
Broad Form Money and Securities				<input type="checkbox"/>			
Inside and Outside Paymaster Robbery				<input type="checkbox"/>			
Money Orders and Counterfeit Currency				<input type="checkbox"/>			
Depositors Forgery				<input type="checkbox"/>			
Employee Dishonesty	Form A: <input type="checkbox"/>			Form B: <input type="checkbox"/>			
Liability							
Liability (occurrence) Limit: \$				Prop/ Ops Aggregate: \$			
BI & PD Deductible: \$				Medical Payment: \$			
Tenants Legal Liability: \$				Premises only: <input type="checkbox"/> Yes, <input type="checkbox"/> No			
Personal Injury: \$				Prod/ Comp Ops: <input type="checkbox"/> Yes, <input type="checkbox"/> No			
Non Owned Automobile: \$				Annual Revenue: \$			
Other: \$							
M.R.P: \$					Total Premium: \$		

Notes:
Signed by:
Date:

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