

SPECIALTY PROPERTY APPLICATION

Applicant's Name (Legal and Operating):	Broker:	Policy Period: to (12:01 AM)
Applicant's Address:	How Long in Business:	
Principal Business Address:	Other Occupants: <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Mortgage Name and Address:	Location of Insured's Property:	

Construction Details

Walls:	Number of apartments:	Electrical: <input type="checkbox"/> Fuses, <input type="checkbox"/> Breakers
Roof:	Interior Finish:	Hydrant Protected? <input type="checkbox"/> Yes, <input type="checkbox"/> No
Storeys (excluding basement):	Auto Sprinklers: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Fire hall? <input type="checkbox"/> Yes, <input type="checkbox"/> No
Basement: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Automatic CO2: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Distance from building(km):
Heating:	Number of Extinguishers:	Alarm system: Fire <input type="checkbox"/>
Year Built:	Smoke Detectors: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Name:
Area of building:	Vault <input type="checkbox"/> or Safe <input type="checkbox"/> Its name (class):	Alarm system: Burglary <input type="checkbox"/> 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 <i>cancelled, declined or refused</i> to renew Commercial Insurance to the Applicant within the past 5 years? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Supporting Business: Policy #:	Company:

Coverages

Co Form	Coverages	NP or BF	Deductible (\$)	Coins %	Amount of Insurance (\$)	Rate (\$)	Premium (\$)
	Building						
	Equipment						
	Stock						
	Contents (E&S)						
	Rental Income	N/A					
	Premises Liability	N/A	\$1000 BI&PD Ded.	N/A			

M.R.P: \$

Total Premium: \$



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

Signature:

Date:

ONE MARKET SQUARE SUITE W201
SAINT JOHN, N.B.
E2L 4Z6

1-506-633-7000
PHONE

1-800-222-9646
TOLL FREE UNDERWRITING
1-800-222-9718
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