

HOLMAN

INSURANCE BROKERS LTD.

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COMMERCIAL PROPERTY APPLICATION

INSURED INFORMATION

Full Name of Insured (full legal name):

Mailing Address: Street:

City:

Province:

Postal Code:

Risk Location Address:

Street:

City:

Province:

Postal Code:

Name of Principal(s):

BUS TELEPHONE:

FAX:

CELL:

EMAIL:

WEB ADDRESS:

BUSINESS OPERATIONS

Description of Operations:

Sales/Receipts \$_____ Canadian \$_____ USA \$_____ Other Countries

Payroll \$_____ # of Employees _____ # of Sub-Contractors (if any) _____

Number of Years in Business: _____

INSURANCE HISTORY

PLEASE ATTACH A COPY OF YOUR EXPIRING POLICY.

Current Insurer:	Expiry Date	Policy #	Expiring Premium
			\$

Previous insurance cancelled, declined or non-renewed in the last 10 years? YES or NO If yes, please explain

Any Claims in Last 10 years? YES or NO If yes, provide full details including date of loss, description and the amount paid.

Date	Description	Amount Paid	Open or Closed

RISK INFORMATION

Building Type:	<input type="checkbox"/> High Rise	<input type="checkbox"/> Enclosed Mall	<input type="checkbox"/> Strip Plaza
	<input type="checkbox"/> Industrial Mall	<input type="checkbox"/> Stand Alone	<input type="checkbox"/> Other
Construction	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Non-Combustible with Masonry Walls	<input type="checkbox"/> Non-Combustible with non-masonry walls
	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Frame and all other
Roof:	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Steel Deck	<input type="checkbox"/> Wood Joist
	<input type="checkbox"/> Corrugated Metal, Steel Truss	<input type="checkbox"/> Heavy Timber	
Heating:	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
	<input type="checkbox"/> Oil - Age of tank _____	<input type="checkbox"/> Other	
Electrical System:	<input type="checkbox"/> Fuses <input type="checkbox"/> Breakers	No of AMP _____	<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Roof Top <input type="checkbox"/> Other
Plumbing:	Supply <input type="checkbox"/> Copper <input type="checkbox"/> ABS <input type="checkbox"/> Pex <input type="checkbox"/> Cast Iron <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper	Drain <input type="checkbox"/> Copper <input type="checkbox"/> ABS <input type="checkbox"/> Pex <input type="checkbox"/> Cast Iron <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper	
Number of Stories: (Exclude basement)	_____	No. of Units _____	Total square meters of building(ground floor): _____
	_____ <input type="checkbox"/> Sq. Ft or <input type="checkbox"/> Sq. Metres		
Area Occupied by Insured:	_____	<input type="checkbox"/> Sq. Ft or <input type="checkbox"/> Sq. Metres	
Other Occupancies in the Building:	<input type="checkbox"/> Office	<input type="checkbox"/> Restaurant/Bar	<input type="checkbox"/> Retail Store
	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Industrial/Commercial	
Year Built: _____	Basement: <input type="checkbox"/> YES or <input type="checkbox"/> NO		
If over 35 years old have updates been carried out:	<input type="checkbox"/> YES or <input type="checkbox"/> NO		
If updated, what year:	Heating: _____	Wiring: _____	Roof: _____ Plumbing: _____
Sprinklered:	<input type="checkbox"/> YES or <input type="checkbox"/> NO	If yes, percentage sprinklered: _____%	
Distance to Hydrant:	_____ Metres	Distance to Fire Hall: _____ km	
Neighbouring Exposure:	To Left:	To Right:	Front: Behind:

PROTECTION INFORMATION

Fire Alarm:	<input type="checkbox"/> None	<input type="checkbox"/> Local	<input type="checkbox"/> Monitored (attach certificate)	<input type="checkbox"/> ULC Certified (attach certificate)
Burglar Alarm	<input type="checkbox"/> None	<input type="checkbox"/> Local	<input type="checkbox"/> Monitored (attach certificate)	<input type="checkbox"/> ULC Certified (attach certificate)
Extent of Protection:	<input type="checkbox"/> Perimeter	<input type="checkbox"/> Motion Sensors	<input type="checkbox"/> Line Security <input type="checkbox"/> YES or <input type="checkbox"/> NO	If yes, specify:

COVERAGE REQUIREMENTS

PROPERTY COVERAGE – DEDUCTIBLE MINIMUM IS \$1,000	Select if required and state amount required under Amount of Insurance ▼	AMOUNT OF INSURANCE
Building	<input type="checkbox"/>	\$
Office Contents	<input type="checkbox"/>	\$
Equipment (Including Tenants Improvements)	<input type="checkbox"/>	\$
Stock	<input type="checkbox"/>	\$
Transit	<input type="checkbox"/>	\$10,000
Business Interruption	<input type="checkbox"/>	\$10,000
Loss Rent / Rental Income	<input type="checkbox"/>	\$
Extra Expense	<input type="checkbox"/>	\$25,000
Equipment Breakdown	<input type="checkbox"/>	\$100,000
Computer (Hardware / Software)	<input type="checkbox"/>	\$
Earthquake	Subject to deductible of \$50,000 minimum	Included
Flood	Subject to deductible of \$25,000	Included
Sewer Back up	Subject to deductible of \$2,500	Included
Condo Unit Owner <input type="checkbox"/> Yes or <input type="checkbox"/> No	Condo Loss Assessment <input type="checkbox"/> Yes or <input type="checkbox"/> No	Included

CRIME COVERAGE – DEDUCTIBLE MINIMUM IS \$1,000

Crime Package Form	\$2,500
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COMMERCIAL GENERAL LIABILITY COVERAGE

COMMERCIAL GENERAL LIABILITY COVERAGE	AMOUNT OF INSURANCE
Available Limits (check one) ▶ <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	▼
Bodily Injury and Property Damage Each Occurrence	\$
Bodily Injury and Property Damage Aggregate \$5,000,000	Included
Products-Completed Operations Aggregate \$5,000,000	Included
Personal and Advertising Injury Liability Each Occurrence	\$1,000,000
Personal and Advertising Injury Liability Aggregate	\$1,000,000
Medical Payments Per Person	\$10,000
Medical Payments Aggregate	\$25,000
Tenant's Legal Liability Subject to deductible \$1,000	\$500,000
Employee Benefit Liability Subject to deductible \$1,000	\$1,000,000
Non Owned Automobile Extension SPF#6 Subject to deductible \$1,000	\$1,000,000

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

DECLARATION

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance.

PRIVACY ACT CONSENT

Consumer and previous insurer reports containing personal, credit, factual, investigative or previous claim and loss information about the applicant may be sought in connection with this application for insurance or a 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 for insurance. The answers in all parts of the application are correct to the best of my knowledge and belief.

Signature of Applicant

Date

Print Name

You must inform us of any change in circumstances which will materially affect this insurance.