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COMMERCIAL PROPERTY APPLICATION

INSURED INFORMATION

Full Name of
Insured (full legal
name):

Mailing Address: Street:

City:

Province: Ontario

Postal Code:

Risk Location
Address:

Street:

City:

Province:

Postal Code:

Name of
Principal(s):

BUS TELEPHONE:

FAX:

WEB ADDRESS:

CELL:

EMAIL:

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
None			\$

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"/> Industrial Mall	<input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Stand Alone	<input type="checkbox"/> Strip Plaza <input type="checkbox"/> Other
Construction	<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry	<input type="checkbox"/> Non-Combustible with Masonry Walls <input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Non-Combustible with non-masonry walls <input type="checkbox"/> Frame and all other
Roof:	<input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Corrugated Metal, Steel Truss	<input checked="" type="checkbox"/> Steel Deck <input type="checkbox"/> Heavy Timber	<input type="checkbox"/> Wood Joist
Heating:	<input type="checkbox"/> Forced Air <input type="checkbox"/> Oil - Age of tank _____	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other	<input type="checkbox"/> Electric
Electrical System:	<input type="checkbox"/> Fuses <input type="checkbox"/> Breakers	No of AMP _____ 200 _____	<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 _____ _____ <input type="checkbox"/> Sq. Ft or <input type="checkbox"/> Sq. Metres	Total square meters of building(ground floor): _____	
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 checked="" 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 <input type="checkbox"/> NO	If yes, percentage sprinklered: 100 _____ %	
Distance to Hydrant:	_____ Metres	Distance to Fire Hall: _____ km	
Neighbouring Exposure:	To Left: _____	To Right: _____	Front: _____ Behind: Residential

PROTECTION INFORMATION

Fire Alarm:	<input type="checkbox"/> None <input type="checkbox"/> Local	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: ☐ Perimeter ☐ Motion Sensors ☐ Line Security ☐ YES or ☐ 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 - Improvements	<input checked="" type="checkbox"/>	\$
Office Contents	<input type="checkbox"/>	\$
Equipment (Including Tenants Improvements)	<input type="checkbox"/>	\$
Stock	<input type="checkbox"/>	\$
Transit	<input type="checkbox"/>	\$
Business Interruption	<input type="checkbox"/>	\$
Loss Rent / Rental Income	<input type="checkbox"/>	\$
Extra Expense	<input type="checkbox"/>	\$
Equipment Breakdown	<input type="checkbox"/>	\$
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	\$0
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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.