

MANUFACTURING & WHOLESALE COMMERCIAL PROPERTY/ LIABILITY APPLICATION

[Reset Form](#)

PART 1 GENERAL INFORMATION

Applicant Name:

Named Insured:

Name of Principal(s):

Mailing Address:

Province:

Postal Code:

Risk Location Address:

Province:

Postal Code:

Telephone No.:

Email:

Website:

Broker Details

Broker:

Broker Phone:

Broker Contact:

Broker Email:

PART 2 PROPERTY UNDERWRITING INFORMATION

Select the Construction Class which best describes the building:

☐

Fire Resistive (Walls, floors, roof and supports of solid concrete)

☐

Masonry, Non-Combustible (Walls of masonry; floors and roof of masonry or engineered non-combustible materials, supported by protected steel)

☐

Non-Combustible (Walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)

☐

Masonry (including Mill - Walls of greater than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal)

☐

Masonry Veneer (Walls of less than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)

☐

Frame (Walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material)

☐

Other

Select the distance between your building and the nearest Municipal Fire Hydrant:

☐

Within 500 feet

☐

Between 500 and 1000 feet

☐

Over 1000 feet

Insured(s) Occupancy:

Other Occupancies:

Year Built:

If over 30 years old, have there been any updates to the building?

☐

Yes

☐

No

Adjacent Exposures:

Height of Building:

Heating Type:

General Housekeeping:

Total Building Sq. Ft.:

Applicant's Sq. Ft.:

Building Sprinklered:

%

Burglary Alarm System:

☐

Monitored

☐

Local

☐

None

Is the monitoring company ULC Approved?

☐

Yes

☐

No

Does your building have a ULC Automatic Fire Extinguishing System (if applicable)? ☐ Yes ☐ No

Has the system been independently tested within the past 12 months (if applicable)? ☐ Yes ☐ No

Dust Collection System (if applicable)? ☐ Yes ☐ No

Approved Spray Booth (if applicable)? ☐ Yes ☐ No

Do you have any flammable/ combustible liquids on your premises? ☐ Yes ☐ No

If yes, how much and how are they stored?

Miscellaneous Information:

PART 3 GENERAL LIABILITY UNDERWRITING INFORMATION

Description of Operations:

Has any Insurer cancelled, declined, or refused you coverage? ☐ Yes ☐ No If yes, please provide details below:

Year Business Established (DD/MM/YYYY):

Experience of the Principal/ Partners:

Number of Years in Business:

Desired Effective Date:

Total Number of Employees: Full Time:

Part Time:

Gross Receipts (Operations):

Gross Receipts (Products):

Any US Sales? ☐ Yes ☐ No

If Yes, what is the percentage: %

Require percentage breakdown in gross receipts for each aspect of their operations (if applicable):

Any off-premises exposure? ☐ Yes ☐ No

If Yes, please explain below and provide percentage: %

Cost and description of any sublet operations:

Does the Applicant engage in any of the following operations? *If Yes, please describe on a separate attachment*

Demolition	☐ Yes ☐ No	Blasting	☐ Yes ☐ No	Airport Premises	☐ Yes ☐ No
Drilling	☐ Yes ☐ No	Spraying (Pressure Washing)	☐ Yes ☐ No	Evacuation Work	☐ Yes ☐ No
Welding (Off Premises)	☐ Yes ☐ No	Spraying (Paint)	☐ Yes ☐ No	Propane Work	☐ Yes ☐ No
Demolition (On Premises)	☐ Yes ☐ No	Spraying (Pesticides)	☐ Yes ☐ No	Ships or Docks	☐ Yes ☐ No

PART 4 CRIME UNDERWRITING INFORMATION (if applicable)

How many employees do you have on payroll?

How many employees would routinely handle money?

Do they have a safe on premises?

☐ Yes ☐ No

If Yes, is it ULC approved and what class? Class:

☐ Yes ☐ No

Do you make daily deposits to the bank?

☐ Yes ☐ No**PART 5 INSURANCE COVERAGE & REQUIREMENTS****PROPERTY & BUSINESS INTERRUPTION COVERAGES**

COVERAGE TYPE	AMOUNT OF INSURANCE
Building	\$
Equipment (Including Tenants Improvements)	\$
Stock	\$
Transit	\$
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	\$
Rent or Rental Value	\$
Extra Expense	\$
Office Contents	\$
Computer (Hardware/ Software)	\$
Miscellaneous Property Floater	\$
Other:	\$

CRIME COVERAGES

COVERAGE TYPE	AMOUNT OF INSURANCE
Inside and Outside Robbery	\$
Broad Form Money & Securities	\$
Commercial Blanket Bond (FORM A)	\$
Other:	\$

LIABILITY COVERAGE	
COVERED TYPE	AMOUNT OF INSURANCE
Bodily Injury & Property Damage – per occurrence	
Products & Completed Operations – aggregate limit	
Personal Injury Liability – per occurrence	
Non-Owned Automobile Liability – per occurrence	
Tenants Legal Liability	
Other:	

OPTIONAL COVERAGES: (Select any of the following optional coverages you require)

☐ Sewer Backup	☐ Stated Amount Co-Insurance
☐ Flood	☐ Comprehensive Property Extension Endorsement
☐ Earthquake	☐ By-Laws
☐ Replacement Cost Property Extension Endorsement	

PART 6 INSURANCE HISTORY & REQUIREMENTS

Please provide details of your current **Commercial Property/ Liability** insurance policy:

Effective Date: (DD/MM/YYYY)	Limit:	Deductible:	Premium:	Insurer:
	\$	\$	\$	

Please provide details of your required **Commercial Property/ Liability** insurance policy:

Effective Date: (DD/MM/YYYY)	Limit:	Deductible:	Premium:	Insurer:
	\$	\$	\$	

Please provide details of your required **Commercial General Liability** insurance policy:

Effective Date: (DD/MM/YYYY)	Limit:	Deductible:	Premium:	Insurer:
	\$	\$	\$	

Please provide any additional information pertinent to the underwriting or acceptance of this risk:

PART 7

CLAIMS HISTORY

Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or:

☐ Yes ☐ No

Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or:

☐ Yes ☐ No

Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or:

☐ Yes ☐ No

Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

☐ Yes ☐ No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$

**Please attach any available insurance company loss reports with this application*

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any 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 policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Signature of Applicant:

Position:

Please print name here:

Date:

BROKER DECLARATION

How long have you known the Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of the facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker Signature:

Position:

Please print name:

Date:

SUBMIT