



200-20627 Fraser Highway, Langley, BC V3A 4G4  
Tel: (604) 532-6864 Tel: 1-877-532-6864 Fax: (604) 532-6894

## COMMERCIAL PROPERTY AND LIABILITY INSURANCE APPLICATION

Broker: \_\_\_\_\_  
Tel # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

### GENERAL INFORMATION

Name of Applicant \_\_\_\_\_  
Mailing Address & Postal Code \_\_\_\_\_  
In existence since \_\_\_\_\_  
Name and personal experience of owners  
\_\_\_\_\_  
\_\_\_\_\_  
Nature of business/products \_\_\_\_\_  
\_\_\_\_\_  
Loss Payable \_\_\_\_\_

### LOSS HISTORY

Current insurer \_\_\_\_\_  
Policy number \_\_\_\_\_ Expiring premium \$ \_\_\_\_\_  
Has any insurer cancelled or refused insurance to applicant? Yes  No   
If yes, describe reason \_\_\_\_\_  
Has the applicant suffered any losses or claims within the past 5 years? Yes  No   
If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
Is applicant aware of any fact or circumstances that may give rise to any future losses?  
Yes  No   
If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**BUSINESS PROPERTY**

Risk Address \_\_\_\_\_

Loc 2 \_\_\_\_\_

Occupancy by insured \_\_\_\_\_

Occupancy by others \_\_\_\_\_

Exposing properties \_\_\_\_\_

**Building Description**

Year built \_\_\_\_\_

Walls HCB \_\_\_ Fire Res \_\_\_ Tilt Up \_\_\_ Frame \_\_\_ Other \_\_\_\_\_

Roof Wood Deck \_\_\_ Wood Joist \_\_\_ Steel Deck \_\_\_ Concrete \_\_\_ Year updated \_\_\_\_\_  
Surface Finish T&G \_\_\_ Metal \_\_\_ Duroid \_\_\_ Concrete

Heating Gas \_\_\_ Oil \_\_\_ Electric \_\_\_ Boiler \_\_\_ Other \_\_\_\_\_ Year updated \_\_\_\_\_

Wiring Breakers \_\_\_ Fuses \_\_\_ Conduit \_\_\_ Year updated \_\_\_\_\_

Plumbing Type \_\_\_\_\_ Year updated \_\_\_\_\_

Foundation Concrete \_\_\_ Wood \_\_\_ Other \_\_\_

Height # of Stories \_\_\_\_\_ Basement Yes  No

SQFT occ. by insured \_\_\_\_\_ SQFT of total building \_\_\_\_\_

Public Protection Hydrant within \_\_\_\_\_ metres Firehall within \_\_\_\_\_ metres

Private Protection Sprinklered Yes  No

Fire Extinguishers Yes  No  How many \_\_\_\_\_ Spray Booth Yes  No

Dust Collection System Yes  No  CO2 System Yes  No

Burglar Alarm System Local \_\_\_ Monitored \_\_\_ Name of Monitoring Co \_\_\_\_\_

Other Security Features \_\_\_\_\_

Date of Inspection \_\_\_\_\_

Housekeeping Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Fair \_\_\_ Poor \_\_\_

Occupancy Hazards \_\_\_\_\_

Does the applicant own or control any other land? Yes  No

If yes, specify location, area, use \_\_\_\_\_

**BUSINESS OPERATIONS**

Detailed description of operations/products \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gross Receipts \_\_\_\_\_  
Canadian Sales \_\_\_\_\_ US Sales \_\_\_\_\_ Other Sales \_\_\_\_\_

Does the applicant deliver, install, or service his/her products outside of Canada Yes  No   
If yes, provide details \_\_\_\_\_

Number of employees Full time \_\_\_\_\_ Part time \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_  
Does the applicant sign contracts relieving suppliers of all liability? Yes  No   
If yes, describe and attach copies or all contracts \_\_\_\_\_

Does the applicant use sub-contractors? Yes  No   
Type of work sublet \_\_\_\_\_ % \_\_\_\_\_  
Does the applicant require any evidence of liability insurance from sub-contractors?  
Yes  No  Amount of insurance required \$ \_\_\_\_\_

**Does the applicant:**

- |  |                              |                             |   |                              |   |
|--|------------------------------|-----------------------------|---|------------------------------|---|
| Employ professionals                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | → Confirms Professional Liability in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/>               |
| Do demolition work                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Own/control any aircraft                    | Yes <input type="checkbox"/> | No <input type="checkbox"/>               |
| Do underpinning  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Own/control any watercraft                  | Yes <input type="checkbox"/> | No <input type="checkbox"/>               |
| Do pile driving  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Do exports to other countries               | Yes <input type="checkbox"/> | No <input type="checkbox"/>               |
| Do roofing   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Have food a/o Liquor Sales                  | Yes <input type="checkbox"/> | No <input type="checkbox"/>               |
| Do welding   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Have operations away from premises          | Yes <input type="checkbox"/> | No <input type="checkbox"/>               |
| Do blasting  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Work on Elevators/escalators/hoists         | Yes <input type="checkbox"/> | No <input type="checkbox"/>               |
| Do spray painting  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Have unlicensed/non owned Autos?            | Yes <input type="checkbox"/> | No <input type="checkbox"/>               |
| Use explosives?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Use nuclear energy?                         | Yes <input type="checkbox"/> | No <input type="checkbox"/>               |
| Do excavating (max depth _____)                          |                              |                             | Yes <input type="checkbox"/>                | No <input type="checkbox"/>  |   |
| Do work in harbours/airports/mines?                      |                              |                             | Yes <input type="checkbox"/>                | No <input type="checkbox"/>  |   |
| Do work on apartment, condominium or townhouse projects? |                              |                             | Yes <input type="checkbox"/>                | No <input type="checkbox"/>  |   |
| Import any raw materials from other countries?           |                              |                             | Yes <input type="checkbox"/>                | No <input type="checkbox"/>  |   |
| Lease or rent equipment to others?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | With operator                               | <input type="checkbox"/>     | Without operator <input type="checkbox"/> |
| Other potential liability hazards                        |                              |                             | Yes <input type="checkbox"/>                | No <input type="checkbox"/>  |   |

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVERAGES REQUIRED: *Property & BI***

Coverage	Co Ins	NP/AR	RC/ACV	Ded	Limit	Rate	Premium
BUILDING							
EQUIPMENT							
STOCK							
EDP							
TRANSIT							
GROSS EARN.							
EXTRA EXPENSE							
RENTAL VALUE							
GROSS RENTS							
PROFITS							
ACCOUNTS REC.							
VALUABLE PAPERS							
SIGNS							
CONTRACTORS EQ.							
MISC PROP FLOATER							
OTHER							

Crime Coverage	Ded	Limit	Premium
IN/OUT ROBBERY			
BROAD FORM MONEY & SECURITIES			
COMMERCIAL BLANKET BOND – FORM A			
BLANKET POSITION BOND – FORM B			

Liability Coverage	Ded	Limit	Premium
COMMERCIAL GENERAL LIABILITY			
PRODUCTS & COMPLETED OPS AGGREGATE LIMIT			
NON-OWNED AUTO – INCLUSIVE LIMIT			
OLT – PREMISES ONLY			
TENANTS LEGAL LIABILITY FIRE <input type="checkbox"/> BROAD <input type="checkbox"/>			
OTHER			

Other Coverage	Ded	Limit	Premium
BUILDING GLASS			
OTHER			

I declare that all the information stated in this application is true.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Broker's signature

\_\_\_\_\_  
Date