



OFFICE PACKAGE INSURANCE APPLICATION

Description of Operations:

General Information

Name of Business & Contact:

Street: _____ Suite: _____ Individual
 City: _____ Province: _____ Corporation
 Postal Code: _____ Partnership
 Nonprofit Corp.

Contact Name: _____ Telephone: _____

E-mail Address: _____ Website: _____

Description of Operations:

Years in Operation: _____ Years of Related Prior Experience: _____

Number of Employees: Full time: _____ Part time: _____ Annual Gross Receipts: _____

Gross Receipts Breakdown: Canadian: _____ USA: _____ International: _____

Prior Insurer: _____ When quote is due by?: _____

Expiration Date: _____ Expiring Premium: _____ Prior Cancellations: _____

Loss History

Have there been any losses or claims by the applicant in the past 5 years? Yes No

| Date of Loss | Description | Paid Amount | Insurance Company | Status |
|--------------|-------------|-------------|-------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Risk Location

| | | | |
|--|-------------|---|-------------------------|
| Location Address: | | | |
| Do you own the building? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Building Construction: | |
| Percentage Occupied by Insured: | | Fire Protection Type: | |
| Percentage Occupied by Others: | | Fire Protection Grade: | |
| Operations of Other Occupants: | | Fire Alarm System: | |
| Year Built: | | Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage: _____ % | |
| Number of Stories: | | Surveillance Cameras: | |
| Square Feet: _____ | | Burglary Alarm System: | |
| Wall Construction: | | Local or Monitored? | |
| Floor Construction: | | Safe: | |
| Roof Construction: | | Deadbolts: | |
| Update Information: | | | |
| Type | Year | Type and % | Partial/Complete |
| Electrical | | | |
| Plumbing | | | |
| Heating | | | |
| Roof | | | |

Coverages

| Coverage | Limit | Deductible |
|--|--------------|-------------------|
| Building RC ACV _____ | | |
| Equipment RC ACV POED COED | | |
| Stock RC ACV POED COED | | |
| Earthquake | | |
| Flood | | |
| Sewer Back Up | | |
| Equipment Breakdown | | |
| Business Interruption Extra Expense Co-Insurance | | |

Section 4 - Liability

| Coverage | Limit | Deductible |
|--|-------|------------|
| Commercial General Liability | | |
| Bodily Injury and Property Damage (Per Occurrence) | | |
| Products and Completed Operations Aggregate | | |
| Personal Injury | | |
| Advertising Liability | | |
| Medical Payments | | |
| Tenant's Legal Liability | | |
| Non-Owned Automobile | | |
| Legal Liability for Damage to Hired Automobiles | | |
| Other Coverage: | | |

Section 5 – Crime- Included in Package Policy Extensions

| Coverage | Limit | Deductible |
|------------------------------------|-------|------------|
| Employee Dishonesty Bond Form A | | |
| Inside/Outside Loss | | |
| Money & Securities B.F. | | |
| Depositors Forgery | | |
| Money Orders and Counterfeit Paper | | |
| Other Coverage: | | |

Section 6 – Additional Insureds and Loss Payees

| Type | Name | Mailing Address |
|-------------------------------|------|-----------------|
| Additional Insured Loss Payee | | |
| Additional Insured Loss Payee | | |

Section 7 – Applicant's Signature

| | |
|----------------------------------|---------------------|
| _____ | _____ |
| Name of Applicant (Please Print) | Applicant Signature |
| _____ | _____ |
| Title | Date Signed |