



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

The undersigned on behalf of the Applicant declares that the statements set forth are true. The undersigned on behalf of the Insured agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, they shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance. Signing of this Application does not bind the Applicant/Insured or the Insurer to complete the insurance contract, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. All written statements and materials (including any information provided in the attached Appendices) furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Any failure to provide accurate answers or any incorrect responses in the sections above may result in the nullification of any insurance policy issued by the Underwriters for this risk.

Name of Applicant (Please Print)

Applicant Signature

Title

Date Signed