

BUSINESS POLICY APPLICATION

DATE: _____

BROKER NAME		U/W	H.C.	Broker No.	Branch No.
PRODUCER NAME					
NAME OF APPLICANT (Incl. Name of Principals)					
MAILING ADDRESS					
DATE REQUIRED	From	To	Term in months	12:01 a.m. Standard time at the address of the named insured as stated above	Postal Code:
LOCATION AND CONSTRUCTION OF PROPERTY INSURED	LOCATION #:				
	Walls	Roof	Floors:	Applicant's Area: _____ sq. ft./metres	Dist. to Firehall: _____
				Roof	Heating
				Electrical	Plumbing
Age: If over 25 years old, when were services updated? _____					
IMPORTANT (This area must be completed):					
Heat:	_____	Electrical:	_____	Type of Insulation:	_____
Burglar Alarm:	Local/Monitored	If monitored, by whom?		Extinguishers:	_____
Photo Attached	_____	Other Protection?	_____	Describe:	_____
Has broker seen property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Exposures	Distance: North _____ South _____ East _____ West _____	Years in Business	_____ Yrs.
Applicants Occupancy & Operations:	_____				
Other Occupancies:	Housekeeping _____				
Previous Losses (Past 5 years):	_____				
Previous Insurer & Policy Number:	_____				
Loss Payees:	_____				
Has Applicant been cancelled or declined or refused renewal in last 5 years? Describe: _____					
1. Payroll: i) (No. of Employees): # _____ \$ _____ ii) Completed Operations \$ _____					
2. Gross Receipts: i) Products \$ _____ iii) Area of Products Distribution or Operations: Canada: _____ % U.S.A.: _____ % Other (specify): _____ % iv) Other than provided in iii), are there any sales or operations outside of BC or Alberta? _____ % or Canada? _____ %					
Cost and Description of any Sublet Operations: _____					
Nature of Applicants Products: _____					
Other Hazards: _____					
3. Does Applicant engage in any of the following operations? if yes, describe on separate attachment.					
Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spraying	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ships or Docks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drilling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Apt/Condo/Townhouse Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Railroads	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roofing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Propane or other LPG work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pile Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tunneling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of Unlicensed/Specially	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airport Premises or Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Vehicles/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Limits & Coverages Required	Deductibles	Rates	Premiums
Property			
Business Interruption			
Crime			
<u>Limit</u> Commercial General Liability:			
Tenants Legal Liability:			
Other:			

Broker's Signature

Applicant's Signature

Risk Approval

Date