



COMMERCIAL RISK SUMMARY SHEET PROPERTY AND LIABILITY

Application Quote

BROKER _____ DATE _____

Policy Period ___ / ___ / ___ to ___ / ___ / ___
Day Month Year Day Month Year

Name of Insured: _____

Name(s) of Principals _____

Home Phone # _____ Work Phone # _____

Fax # _____ Email Address _____

Location of Risk: Mailing Address _____

Legal Location _____

Occupied by Insured as (Business) _____

Occupied by Others as (Business) _____

Loss Record (Past 5 years) _____

If there has been a prior sewer back-up loss, please provide details

Loss Payable To _____

Number of years in Business _____

Has any Company ever declined or cancelled: Yes No

Previous Insurer: _____

ITEMS	COVERAGE	DEDUCTIBLE	AMOUNT OF INSURANCE	PREMIUM
Buildings				
Fixtures & Equipment				
Stock				
Crime				
Business Interruption				
Liability				
Non-owned Auto				
Tenant's Legal				
Sewer Back-up Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other				

Consumer and previous insurer reports containing personal, credit, factual record, premium payment, claims history or investigative information may be sought or exchanged in connection with this application for insurance or a renewal, extension, variation or cancellation thereof. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

The answers above are correct to my best knowledge and belief.

Signature of Applicant _____

PROTECTION

Distance to nearest Hydrant _____ Nearest Fire Hall _____ Name of Hall _____
Extinguishers: _____ Type: 1. Halon 2. Dry Chemical 3. Other _____
Fire Brigade: Volunteer Fulltime Combined Standpipe & Hose Yes No
Watchman Yes No With Clock Yes No
Smoke or Heat Detectors: Yes No Fire Alarm System Yes No
Sprinkler System: Yes No
Alarm System: Yes No
(IF YES) Alarm Rings Locally: at Central Station at Police/Fire Station Other _____
Equipment is U.L.C. Approved Yes No U.L.C. Cert. # _____

DESCRIPTION OF RISK

Approximate Year Built _____ Size of Building _____
Wall Construction: Frame Brick Veneer Solid Brick/Stone Steel on Steel
 Poured Concrete Other _____
Number of Stories _____ With Basement Yes No
Roof Covering: Wood Shingles Asphalt Slate Metal Tile
Roof Support: Wood Joist Steel Joist Concrete on Steel
Floor Covering: Wood Concrete
Heating: Type Hot Water Steam Hot Air
Fuel Oil Gas Electric Wood
Chimney: Brick Ground Bracket Class A Tile Lined Other
Wiring: Type Rigid Conduit BX Loomex Open
 Fuses Breakers: Yes No
Type of Exterior Glass _____
Number of Linear Feet _____
Exposures: North _____ South _____ East _____ West _____

CHURCH SPECIAL HAZARDS

Approximate Annual Church Income _____ % from Collections
List Other Sources _____
Outline Collection Handling Procedures _____
Is Money Kept on Church Premises _____ Is Depository Used? _____ Where? _____
Who signs cheques? _____ Number of Signatures _____
Average number of days per year meals prepared _____ Average number served at meal _____
Number of Paid Employees: _____ List Positions _____
Does the Church have a Parish Nurse or is the Church is affiliated with other Churches who collectively have a Parish Nurse? Yes No
If no paid employees outline operational structure _____

SPECIAL HAZARDS

Storage of Flammable Liquid: In Building Yes, # of Litres _____ No
On Premises Yes Distance from Building _____
Deep Fryer: CSA or ULC Approved: Yes No Six Month Maintenance Contract: Yes No
Welding: In Building: Yes No Off Premises: Yes No

ON PREMISES EXPOSURE

- 1. Type of Business _____
- 2. How many employees does applicant have? _____ full time _____ part-time _____ seasonal
- 3. Applicant's Interest? Owner Tenant Lessee Other Describe _____
- 4. Building is: single occupancy multi-occupancy (list) _____
- 5. Is building rented? Yes No

ON PREMISES EXPOSURE (CONTINUED)

6. If so, what is the total square foot area occupied by tenant _____
7. Are there facilities for consumption of food and/or drink? Yes No
 Annual. receipts food? \$ _____ Annual. receipts alcoholic beverages? \$ _____
8. Are there any recreational or amusement areas? Yes No (please provide complete description of facilities) _____

Does applicant own, rent or lease any other property or building or operation either by himself or as a partner in a joint concern?

Yes No Describe _____

9. What are the total annual receipts? \$ _____
10. If applicants exposure is a **MANUFACTURING** exposure:
 (a) Describe type of product manufactured _____
 (b) Describe manufacturing process including any chemicals, additives etc. used _____
 (c) Describe waste handling methods: _____
 (d) Is any work sub-contracted? Yes No
 (i) Are certificates of insurance requested and received? Yes No
 (e) Is applicant involved in any off-premises work? Yes No
 (f) Describe public use of insured premises. (i.e. tours) _____
11. If applicant is a **CHURCH** exposure:
 (a) Any Professional Counselling provided? Yes No If yes, fees charged? Yes No
 (b) Any child care service provided? Yes No If yes, fees charged? Yes No
 (c) Is there a cemetery? Yes No If yes, number of acres _____

OFF PREMISES EXPOSURE

12. If applicants exposure is a **CONTRACTING** exposure:
 (a) Applicant works as: (i) general contractor Yes No (ii) sub-contractor Yes No
 (iii) independent Yes No
 (b) Check off type of work done by insured or sub-contractors:
- | | | | | | | | |
|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|---|
| Ins. | Sub. | Ins. | Sub. | Insd. | Sub. | Insd. | Sub. |
| <input type="checkbox"/> | <input type="checkbox"/> Form work | <input type="checkbox"/> | <input type="checkbox"/> Land clearing | <input type="checkbox"/> | <input type="checkbox"/> Road Construction | <input type="checkbox"/> | <input type="checkbox"/> House Moving |
| <input type="checkbox"/> | <input type="checkbox"/> Concrete work | <input type="checkbox"/> | <input type="checkbox"/> Blasting | <input type="checkbox"/> | <input type="checkbox"/> Painting | <input type="checkbox"/> | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> | <input type="checkbox"/> Carpentry | <input type="checkbox"/> | <input type="checkbox"/> Excavating | <input type="checkbox"/> | <input type="checkbox"/> Plastering | <input type="checkbox"/> | <input type="checkbox"/> Steam fitting |
| <input type="checkbox"/> | <input type="checkbox"/> Masonry | <input type="checkbox"/> | <input type="checkbox"/> Pile driving | <input type="checkbox"/> | <input type="checkbox"/> Wrecking | <input type="checkbox"/> | <input type="checkbox"/> Cofferdams |
| <input type="checkbox"/> | <input type="checkbox"/> Structural steel | <input type="checkbox"/> | <input type="checkbox"/> Shoring | <input type="checkbox"/> | <input type="checkbox"/> Underpinning | <input type="checkbox"/> | <input type="checkbox"/> Caisson |
| <input type="checkbox"/> | <input type="checkbox"/> Roofing | <input type="checkbox"/> | <input type="checkbox"/> Rigging | <input type="checkbox"/> | <input type="checkbox"/> Welding | <input type="checkbox"/> | <input type="checkbox"/> House Building |
| <input type="checkbox"/> | <input type="checkbox"/> Electrical wiring | <input type="checkbox"/> | <input type="checkbox"/> Grading | <input type="checkbox"/> | <input type="checkbox"/> Tunnelling | <input type="checkbox"/> | <input type="checkbox"/> Dredging |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> Other |
- (c) Does applicant ask for and receive certificates of insurance from all sub-contractors? Yes No
 (d) Has the applicant signed any hold harmless agreements? Yes No
 (e) On the job site, how does the applicant deal with:
 (i) storage of equipment and materials? _____
 (ii) storage of flammables? _____
 (iii) disposal of waste? _____

PRODUCT OR COMPLETED JOB EXPOSURE

1. If applicant does work for others
 (a) Describe work performed for others for which coverage is required _____

PRODUCT OR COMPLETED JOB EXPOSURE (CONTINUED)

- (b) New work is _____ % and repair work (including service work) is _____ % of total operations.
- (c) Volume of work anticipated is \$ _____ annually.
- (d) Volume of work anticipated in U.S.A. is \$ _____ annually.
- (e) Volume of work completed in the past year \$ _____, past 3 years \$ _____
- (f) Volume of work completed in U.S.A. in past year \$ _____, past 3 years \$ _____
- (g) Describe any warranties or guarantees given by applicant. _____
- (h) Describe geographical area of operation _____

2. If the applicant manufactures, sells or distributes a product

- (a) Describe the product(s) _____

- (b) What are the total annual sales figures by product(s)? _____
- (c) What percentage of each product sales goes to U.S.? _____% Other countries? _____% Identify _____
- (d) Is the product custom made _____ or mass-produced _____? Describe _____
- (e) If the product is a component part describe the products in which it will be used _____
- (f) If the product distributed by applicant is manufactured by someone else, identify the manufacturer including their location. _____

- (g) Is the product sold
 - (i) under the applicants label? Yes No
 - (ii) under the suppliers label? Yes No
 - (iii) under the buyers label? Yes No
 - (iv) other? Yes No

Describe _____

- (h) Has the applicant discontinued any previously manufactured product? Yes No
Describe _____
- (i) Does the applicant intend to produce any new products in the next 12 months? Yes No
Describe _____
- (j) Does the applicant follow any Quality Control procedure? Yes No Describe _____
- (k) Are adequate warning or other labels attached? Yes No
- (l) Do products carry labels that certify a certain standard of performance?
 - (i) U.L.C.? Yes No Describe _____
 - (ii) C.S.A.? Yes No Describe _____
 - (iii) Other? Yes No Describe _____
- (m) Do products carry any warranties? Yes No Describe _____
- (n) Is product edible? Yes No If so physical inspection of the manufacturing plant is strongly recommended.

- 3. Is applicant involved in any other production or work either by himself or as a partner in a joint concern? Yes No
Describe _____

REMARKS:
