

154 Prince William St. PO Box 1500 Saint John NB, E2L 4K3 Canada

Commercial Property Application

Date:	Broker:		Phone:	Fax:			
Applicant:							
Mailing Address (Number-Str	eet- City or Post Off	fice- County- Province	, Postal Code):				
Risk Address:							
Name and Address of Mortga	gees:						
Occupancy by Applicant:							
Occupancy by Others:							
If vacant, how long has building	ng been empty?						
Is this new business to your ag	gency? Yes	No					
How long has Applicant been	in this business?	Years	At this location?	Years			
Information on risk obtained b	py:	Visit to risk by brok	er Other:				
Has Applicant: Been cancelled If Yes to either question, com		ce? Yes	No H	ad gaps in coverage?	Yes No		
Present Insurer & Policy No.: Expiry Date:							
Offering Renewal: Yes If No, explain:	No						
ii ivo, explain.							
Provide Five year All Lines	Loss Evnerience (at	ttach detailed list):					
	r & Policy No.	Paid/Reserved	Type of Loss	Action Taken to Pre	vent Re-Occurrence		
				1			
Comments on financial status:	:						
Housekeeping condition:							
Description of product operation:							
List all off-premises exposure	List all off-premises exposures & activities: Receipts:						
				\$			

Rating Questi	Ullian C								
Construction Det	ails:								
Building:	Year Built		Detached	l	Semi-De	tached	R	Row	
Walls:	Solid Brick	Masonry	Brick ven		Concrete			Ietal clad	Wood
	Other material	Mixed		%	Mas	sonry:	Fı	rame:	
Roof:	Wood	Steel	Concrete		Other:				
Floors:	A) Grade:	Concrete	Wood	В	3) Additions	al Floor (s):			
Height:	Storey		Baser	ment:	Yes	No			
Area (sq. ft.):	Each floor								
Electrical system:	Knob & Tub Circuit Breal		duit nary Fuses		omex / Ron mperage	nex			
Heating: A)	Fuel:	Forced A	Air	Electr	ic	Hot V	Vater	Stear	n
	Any woodstoves, fin	-	e heaters:	Yes	No	Specify:			
	yes, is unit approved	Selkirk	,	Yes	No	How mu	ich burned	weekly:	
Chimney:	Brick from ground			Metal	G '11'			77	
Furnace Room (co	nstruction and thickn		LC Labelled	Yes	Ceiling: No		Fire Ra	Floor: ating Yes	s No
		D001. U1	La Labelleu	103	110	<u>'</u>	THERE	ating 10	3 110
Renovations &	t Updates:								
Building:	Year Built	Re	enovated:	Yes	No	Additions:	Ye	s No	Year
Electrical:	Renovated:	Yes No	Year		Condition:	Poor	Good	Excellent	
Heating:	Renovated:	Yes No	Year		Condition:	Poor	Good	Excellent	
Plumbing:	Renovated:	Yes No	Year		Condition	Poor	Good	Excellent	
Roof:	Renovated:	Yes No	Year		Condition:	Poor	Good	Excellent	
Hand Extinguisher	rs: Yes N	o Type:			Date	last service	d:		
Specify if any other fire suppression equipment:									
Exposures	Left D	oistance To		C	onstructio	n		Occupancy	
	Right								
	Front								
	Rear								
Hydrants:	Within 300 r	netres: Yes	No	Fire	Hall: With	in 8 km:	Yes	No Paid	Volunteer
Accessibility:	Is fire fightin	g access restrict	ed?						
Sprinkler System:	Area protecto	ed:	%		Alarm:	Local	Moni	itored	
Burglar Alarm:	Local	Monitored			System's	details:			

Summary of Coverages

Total Square Footage:

Property:

Fire & E.C	All Risk (certain res	strictions apply)		Basis of	Loss Settleme	ent	RC (certain restrict	ions apply	y)
Covera	nge	Limit			Deductible		Co-Insu	rance	
Building	-8-								%
Equipment									%
Stock									%
Consequential Loss	3								%
Gross Earnings									%
Profits									%
Extra Expense									%
Rental Income									%
- Rental Income									%
									%
				1					70
Crime:									
	Coverage		Li	mit			Deductible		
Inside/Outside Rob	bery								
Broad Form M&S									
Safe Burglary									
Note: Must have U	LC/CSA approved burgla	 ry safe, rate Cl	lass II or	better, to o	btain Money	& Securit	ies or Safe Burglary	coverage	·.
Liability:									
Commercial General Liability					Limit:	\$			
Owner's, Landlord's, & Tenant's Legal Liability					Limit:	\$			
Tenant's Legal Li	ability BF	Fire			Limit:	\$			
Description of Produ	acts/Operations:								
Sales/Receipts:	Sales/Receipts: Liquor: \$		Food:	\$					
-			Б 1.						
	Other: \$		Explair	1:					
No. of Employees: Payroll: \$ If yes, Address:		Any op	perations co	nducted at oth	er owned o	or leased premises?	Yes	No	
Any repairs or instal If yes, describe:	lations done away from the	premises?	Yes	No					
ii yes, describe.									
Are Sub-contractors used for off premises work?			Yes	No					
Are Certificates of Insurance obtained from Sub-contractors?		Yes	No						
Glass:									
Deductible:	\$250.00 \$								
Plain Plate	Thermopane								

Installed Cost: \$

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Coverage	Limit	Deductible	Co-Insurance
Office Equipment			%
Electronic Equipment			%
Sign			%
			%
			%
			%
			%
			%

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I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Applicant's Signature:	Date: