



COMMERCIAL PROPERTY / LIABILITY APPLICATION

PART 1: GENERAL INFORMATION

Contact Person: _____ T: _____ E: _____

Name of Insured (Full Legal Name): _____

Company Structure: Sole Proprietor Corporation Partner Joint Venture Franchise Other: _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Business Operations: _____

Website Address (if applicable): _____

Number of Years in Business: _____ Desired Effective Date: _____

Previous Insurer: _____ Expiring/ Target Premium: \$ _____

Has any insurer cancelled, declined or refused your coverage? Yes No

If yes, please provide details: _____

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

PART 2: PROPERTY UNDERWRITING INFORMATION

Select the Construction Class, which best describes your building:

- Fire Resistive Walls, floors, roof and supports of solid masonry
- Masonry, Non-Combustible Walls of masonry; floors and roof of masonry or engineered non-combustible materials, supported by protected steel
- Non-Combustible Walls, floors and roof of engineered non-combustible materials, supported by unprotected steel
- Masonry (Including Mill) Walls of **greater** than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal
- Masonry Veneer Walls of **less** than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material
- Frame Walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material
- Other _____

BRANCH OFFICES

GARDEN CITY PLAZA
170-9040 Blundell Road
Richmond BC V6Y1K3
T 604.276.0234

PEMBERTON PLAZA
1246 Marine Drive
N Vancouver BC V7P 1T2
T 604.973.0244

SANDS PLAZA
103-11020 No. 5 Road
Richmond BC V7A 4E7
T 604.276.0244

SATELLITE OFFICES

NANAIMO
100-5279 Rutherford Road
Nanaimo BC V9T 5N9
T 250.412.5286

OLIVER
6037 Main Street
Oliver BC V0H 1T0
T 250.498.7656

VANCOUVER
206C-938 Howe Street
Vancouver BC V6Z 1N9
T 604.629.9077



Select the distance between your building and the nearest Municipal Fire Hydrant:

- Within 500 feet Between 500 and 1000 feet Over 1000 feet

Building Type:

- Single Industrial Mall Enclosed Mall
 Retail Strip Plaza Apartment Building Other (Specify):

Insured's Occupancy:

Other Occupancies:

Year Built:

If risk location is older than 20 years, please advise year of updates:

Roof: T&G Metal Duroid Tile Other: Year Updated:

Heating: Gas Oil Electric Propane Other: Year Updated:

Wood Heat: Auxiliary Primary **(Please attach Solid Fuel Heating Questionnaire and photos)**

Wiring: Breakers Fuses Amperage: Year Updated:

Plumbing: Type: Plastic % Copper % Other: % Year Updated:

Adjacent Exposures:

Height of building: Number of Stories: Total Building Sqft: Applicant's Sqft:

Heating Type: General Housekeeping: Building Sprinklered: Yes No %

Burglary Alarm System: Monitored Local None

Is the monitoring company ULC Approved: Yes No

Does your building have a ULC Automatic Fire Extinguishing system (if applicable)? Yes No

Has the system been independently tested within the past 12 months (if applicable)? Yes No

Dust Collection System (if applicable)? Yes No

Approved Spray Booth (if applicable)? Yes No

Do you have any flammable / combustible liquids on your premises? Yes No

Miscellaneous Information:

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PART 3: GENERAL LIABILITY UNDERWRITING INFORMATION

Full Description of Business Operations:

Year business established:

Experience of the principal / partners:

Gross Receipts (Operations):

Gross Receipts (Products):

Any US sales? Yes No If yes, %

Any Foreign sales? Yes No If yes, %

Require percentage breakdown in gross receipts for each aspect of their operation (if applicable):

Any off premise exposure? Yes No If yes, explain and what %

Cost and Description of any Sublet Operations:

Does the applicant engage in any of the following operations?

- | | | | |
|-----------------------|--|-----------------------------|--|
| Demolition | <input type="checkbox"/> Yes <input type="checkbox"/> No | Blasting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drilling | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spraying (Pressure Washing) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Welding (Off premise) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spraying (Paint) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Welding (On Premise) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spraying (Pesticides) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Airport Premises | <input type="checkbox"/> Yes <input type="checkbox"/> No | Propane Work | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Excavation Work | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ships or Docks | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, describe:

PART 4: CRIME UNDERWRITING INFORMATION (IF APPLICABLE)

Total Number of Employees:

Full-time:

Part-Time:

How many of those employees would routinely handle money?

Is there a safe on premises? Yes No

If yes, is it ULC approved and what class?

Do you make daily deposits to the bank? Yes No

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PART 5: COVERAGE REQUIREMENTS (PER LOCATION)

PROPERTY & BUSINESS INTERRUPTION COVERAGES

Co-Insurance Amount of Insurance Deductible

Building		
Equipment (Including Tenants Improvements)		
Stocks		
Transit		
Business Interruption * (Profits, No-coinsurance Gross Earnings)		
* Co-Insurance should be completed by accountant		
Rent or Rental Value		
Extra Expense		
Office Contents		
Computer (Hardware/ Software)		
Miscellaneous Property Floater		
Other:		

CRIME COVERAGES

Amount of Insurance Deductible

Inside and Outside Robbery		
Broad Form Money & Securities		
Commercial Blanket Bond (FORM A)		
Other:		

LIABILITY COVERAGE

Amount of Insurance Deductible

Bodily Injury & Property Damage – per occurrence		
Products & Completed Operations – aggregate limit		
Personal Injury Liability – per occurrence		
Non-Owned Automobile Liability – per occurrence		
Tenants Legal Liability		
Other:		

Optional Coverages (Select any of the following optional coverages you require)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sewer Back-up | <input type="checkbox"/> Replacement Cost | <input type="checkbox"/> Property Extension End't |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Stated Amount Co-Insurance | <input type="checkbox"/> Cyber Coverage |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> By-Laws | <input type="checkbox"/> Boiler and Machinery 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| <input type="checkbox"/> D&O | <input type="checkbox"/> E&O | <input type="checkbox"/> UAV (Drone) |
| <input type="checkbox"/> Other _____ | | |

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PART 6: COMMENTS

Multiple horizontal lines for entering comments.

PART 7: NOTICE TO APPLICANT

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof.

- 1) An applicant for a contract:
a. Gives false or erroneous information to the prejudiced of the insurer, or
b. Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2) The Insured contravenes a term of the Contract or commits a fraud; or
3) The Insured willfully make a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE. I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: Position:

Please print name: Date:

Agent's Signature:

Please print name: Date:

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