COMMERCIAL ACCOUNT SUMMARY

|  |  |  |  |
| --- | --- | --- | --- |
| Date: 9/1/2017 | Producer: | Email: | Marketer/ Contact: |

APPLICANT:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant: | | | | | | Prospect / Client Code(must be provided): | | | | |
| Person Contact: | | | Phone #: | |  | | Email: | | | |
| Mailing Address: | | | | | | | | | | |
| Risk Location 1: | | | | | | | | | | |
| Describe of Business Operation: | | | | | | | | | | |
| Describe any details related to Business Activities: | | | | | | | | | | |
| Business Website: | | | | | | | | | | |
| Industry Experience: | Years in business:  Related prior experience (# of years): | | | | Continuous insurance coverage:  If no, give details in remarks section | | | | | |
| Estimated Annual Receipts: | Canadian Sales: $     On-Line Sales: $ | | | | | USA Sales: $0 | | | | Foreign Sales: $0 |
| If restaurant, food sales: $ | | | | | Liquor Sales: $0 | | | | |
| Sub- Contractors?      % | | | | | | | | | |
| No. of Employees: Full Time:       Part Time: | | | |  | | | | Payroll: | | |
| Present Insurer: | | Policy No.: | | | | Expiry Date: | | | Renewal Premium: | |
| Has the applicant been declined, cancelled, or refuse to renew in the past 5 years?If yes, give details in remarkssection | | | | | | | | | | |
| Broker has known client for       Years. | | | | | | Is this business/ client new to our office? | | | | |
| Mortgagee/ Loss Payee: | | | | | | | | | | |
| Additional Insured: | | | | | | | | | | |

LOSS HISTORY in past 5 years (including uninsured losses)  None

|  |  |  |
| --- | --- | --- |
| Date of Loss | Details | Paid Out |
|  |  |  |
|  |  |  |

BUILDING

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Building Construction: | | | | | | | | | |
| Year Built: | | | | No. of Stories: | | | | | |
| Occupancy:by the applicant as | | | | Is this location vacant? No  or Yes  If Yes for how long | | | | | |
| Area occupied by applicant:       ft2 m2 | | | Occupied Basement: | | | | Entire Building Area:       ft2 m2 | | |
| Wall: | | | | Floor: | | | | | |
| Roof: | Updated: | | | Heating: | Fuel: | | | | Updated: |
| Plumbing: | Updated: | | | Wiring: | Main Panel Amp: | | | | Updated: |
| Fire Alarm: | Co2 System: | | | Semi- Annual Inspection Contract: | | | | | Updated: |
| Sprinklers: | | Fire Hall Distance: | | | | Hydrant (with 300m): | | | |
| Neighbors: Right: | Left: | | | Front: | | | | Rear: | |

CRIME

|  |  |  |
| --- | --- | --- |
| Burglary Alarm: | | |
| All doors equipped with dead bolt Lock: | Bars on Window: | Bars on Doors: |
| Safe or Vault on Premises: If yes, choose safe level. | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PROPERTY |  |  | | Co- Insurance - % | | Deductible -$ | Limit - $ |
|  | Building | | |  | |  |  |
|  | Stock – Actual Cash Value | | |  | |  |  |
|  | Equipment and/or Office Contents | | |  | |  |  |
|  | Tenant Improvements | | |  | |  |  |
|  | Commercial Condominium Unit Owners – Standard Form | | |  | |  |  |
|  | Sewer Backup | | |  | |  |  |
|  | Flood | | |  | |  |  |
|  | Earthquake | | |  | |  |  |
|  | Property Extension | | |  | |  |  |
| BUSINESS INTERRUPTION | Profits | | |  | |  |  |
|  | Gross Earnings with      % Co-Insurance | | |  | |  |  |
|  | A.L.S. (Actual Loss Sustained) | | |  | |  |  |
|  | Extra Expense | | |  | |  |  |
|  | Rental Income | | |  | |  |  |
| FLOATERS | Office Equipment | | |  | |  |  |
|  | Accounts Receivable | | |  | |  |  |
|  | Valuable Papers | | |  | |  |  |
|  | Motor Truck Cargo/ Transit | | |  | |  |  |
|  | Contractors’ Equipment | | |  | |  |  |
|  | Sign | | |  | |  |  |
|  | Tool | | |  | |  |  |
|  | Installation | | |  | |  |  |
| CRIME | In & Out Holdup | | |  | |  |  |
|  | Broad Form Money & Securities | | |  | |  |  |
|  | Employee Dishonesty | | |  | |  |  |
| GLASS | Plate  Thermo | | |  | |  |  |
|  | Measurements: | | |  | |  |  |
| BOILER | Limit per Accident. | | |  | |  |  |
|  | Production Machinery Included?  Yes  No | | |  | |  |  |
|  | Air Conditioning?  Yes  No | | |  | |  |  |
| LIABILITY | C.G.L.  O.L.T. Personal Insurance Liability | | | | |  |  |
|  | Products & Completed Ops | | NOA | | Employee Benefits Extension | | |
|  | Personal Injury and Advertising | | Blanket Contractual | | Employer’s Liability | | |
|  | Contingent Employer’s Liability | | | | | | |
|  | Tenant’s Legal | | |  | |  |  |
|  | Garage | | |  | |  |  |
|  | Professional | | |  | |  |  |
|  | Director and Officer | | |  | |  |  |
|  | Umbrella Liability/ Excess Liability | | |  | |  |  |
| REMARKS |  | | | | | | |

Applicant’s Signature:      Date: