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) [x]  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:      [x]  ft2[ ]  m2 | Occupied Basement:  | Entire Building Area:      [x]  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: