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Commercial Business Application

Applicant Details

- 1. Broker: \_\_\_\_\_ Attn: \_\_\_\_\_ Date: \_\_\_\_\_
2. Name of Applicant: \_\_\_\_\_
3. Name(s) of Principal(s): \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Risk Address: \_\_\_\_\_
6. Name(s) and Address(es) of Mortgagee(s):
a. \_\_\_\_\_
b. \_\_\_\_\_
7. Applicant is:
Owner [ ] Tenant [ ]
8. Occupied by Applicant as: \_\_\_\_\_
9. By others as: \_\_\_\_\_
10. Number of years in business: \_\_\_\_\_ Number of years at current location: \_\_\_\_\_
11. Contact name & phone number (for inspection purposes): \_\_\_\_\_
12. Existing Insurer: \_\_\_\_\_ Expiry date: \_\_\_\_\_ Policy #: \_\_\_\_\_
13. Will they renew?
Yes [ ] No [ ]
14. If no, give reason for non-renewal: \_\_\_\_\_
15. Expiring premium, coverage terms and conditions: \_\_\_\_\_
16. Has the Insured been cancelled/declined insurance?
Yes [ ] No [ ]
17. If yes, please attach details: \_\_\_\_\_
18. Has the Insured had any claims for the last five (5) years?
Yes [ ] No [ ]

19. If yes, please provide details, i.e. date, type of loss, gross amount paid including defense cost and deductibles, amount of outstanding loss and steps taken to prevent reoccurrence?

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20. Are you aware of any incidents that may result in a claim?

Yes  No

21. If yes, please advise details:

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22. Please attach a copy of your latest audited financial statement.

Occupancy

23. Describe the operation of the Insured, including process description, if applicable.

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24. Building Construction:

<b>Walls</b>	Type construction	No. of stories		Year Built	Date
<b>Floor</b>	Type construction	Area	Sqft or M2	Basement	Full or Partial
<b>Roof</b>	Type construction	Year Updated*	Date	0 - 100	% Completed
<b>Wiring</b>	Type	Year Updated*	Date	0 - 100	% Completed
<b>Heating</b>	Type	Year Updated*	Date	0 - 100	% Completed
<b>Plumbing</b>	Type	Year Updated*	Date	0 - 100	% Completed
<b>Exposure</b>	North:	South:	East:	West:	
*If updated, please advise total dollar amount of updates. \$ _____					

25. Fire Alarm/Detectors:

Sprinklers ____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Monitored <input type="checkbox"/>	Wet <input type="checkbox"/> Dry <input type="checkbox"/>
Smoke/Heat	Yes <input type="checkbox"/> No <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Monitored <input type="checkbox"/>	Other (specify)
Pull Box	Yes <input type="checkbox"/> No <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Monitored <input type="checkbox"/>	Other (specify)
Hydrant(s)	Within 75m <input type="checkbox"/>	Within 150m <input type="checkbox"/>	Over 150m <input type="checkbox"/>	Other (specify)
Fire Department	Within 3km <input type="checkbox"/>	Within 5km <input type="checkbox"/>	Within 10km <input type="checkbox"/>	Over 10km <input type="checkbox"/>
Fire Department	Paid <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Part Paid, Part Volunteer <input type="checkbox"/>	
Portable Extinguishers (specify)				

26. Burglary Alarm System(s)

Interior (Infrared or Motion)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Monitored <input type="checkbox"/>	Other (specify)
Perimeter (contacts on doors and windows)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Monitored <input type="checkbox"/>	Other (specify)
Bars on Windows	Yes <input type="checkbox"/> No <input type="checkbox"/>	Deadbolt on Doors <input type="checkbox"/>	Monitored <input type="checkbox"/>	Other (specify)
Perimeter Lighting	Yes <input type="checkbox"/> No <input type="checkbox"/>	3 <sup>rd</sup> Party Security <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (specify)

Liability Survey of Hazards (to be completed if a CGL quote is required)

27. Business:

- a. Describe all operations in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. Attach brochure(s) if any
- c. Any U.S. exposure? If so, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- d. Any other foreign country exposure? If so, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

28. Location and operations of Premises:

Location of Premises:	Fully describe operations at each location
a.	a.
b.	b.
c.	c.

29. Are any of the above premises leased or rented in their entirety to others who control and operate the premises?

\_\_\_\_\_

30. Elevators – Escalators:

Number	Location	Description
a.		
b.		
c.		

31. Products manufactured, handled, sold and distributed – indicate type and gross sales and complete the attached Products Liability Insurance Supplement.

Type of Product	Gross Annual Sales		
	Canada	U.S.	Other
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$

32. Detail fully and breakdown type(s) of operations and work performed by Insured:

Operation (Including split by country)	Payroll	Gross Annual Receipt
a.	\$	\$
b.	\$	\$
c.	\$	\$

33. Contractual: List all lease agreements, railway siding agreements etc. (obtain copies of agreements where possible)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

34. Contractors Protective:

- a. Cost of work sub-let: \$ \_\_\_\_\_
- b. Type of work? \_\_\_\_\_

35. Are sub-contractors required to carry liability insurance?

Yes  No

36. If yes, specify required limits: \_\_\_\_\_

37. Do you ask sub-contractors to submit liability certificates?

Yes  No

38. Do you enter into formal contractual agreements with your sub-contractors??

Yes  No

39. If yes, do you include a "Hold Harmless" clause in your favour? (Submit copy of usual contract form.)

Yes  No

40. Are all employees covered by Workmen's Compensation?

Yes  No

41. If no,

- a. Give number and types of employees not covered by Workers Compensation \_\_\_\_\_

b. Actual payroll of these employees \_\_\_\_\_

42. Is Employers' Liability required?  
Yes  No

43. If yes, advise number and occupation of employee: \_\_\_\_\_

44. Is Voluntary Compensation required?  
Yes  No

45. Tenants Legal Liability

a. Location of premises: \_\_\_\_\_

b. Amount to be insured: \_\_\_\_\_

c. Is there a lease agreement?  
Yes  No

d. If yes, provide a copy:

46. Is there any use of radioactive materials?  
Yes  No

47. Do you operate a hospital or employ a physician, surgeon, dentist or healthcare worker?  
Yes  No

48. Is yes, specify number of employees by their profession: \_\_\_\_\_

49. Do you operate any aircraft or watercraft?  
Yes  No

50. Do you charter, rent or lease any aircraft or watercraft?  
Yes  No

51. Do you engage in any of the following operations?

a. Demolition or wrecking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Shoring	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Underpinning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Caisson Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Excavation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Use of Explosives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Raising or moving of buildings and structures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Tunnelling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Welding	Yes <input type="checkbox"/>	No <input type="checkbox"/>

52. Details of operations involving the use of welding equipment, blowtorches, or other similar equipment away from premises: \_\_\_\_\_

53. Does Forest Fires Prevention Act apply?

Yes  No

54. Do you have special agreements with Dept. of Lands and Forests?

Yes  No

55. State limit of liability required:

\$ \_\_\_\_\_ Inclusive Limit  
Each Occurrence & Aggregate Products/Completed Operations

**N.B. It is the right of the Insurer to modify or delete any of the above by endorsement.**

**Check Additional Coverage Required**

- \_\_\_\_\_ Broad Form Vendors
- \_\_\_\_\_ Employee Benefits E&O Limit: \$ \_\_\_\_\_
- \_\_\_\_\_ SEF/OEF/QEF #94 - PP & LC only Limit: \$ \_\_\_\_\_
- \_\_\_\_\_ Employers Liability Limit: \$ \_\_\_\_\_
- \_\_\_\_\_ Voluntary Compensation
- \_\_\_\_\_ Forest Fire Fighting Expense Limit: \$ \_\_\_\_\_
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Will they renew?

Yes  No

If no, give reason for non-renewal \_\_\_\_\_

Provide claims experience or details of events that may give rise to a claim for last five (5) years: (give details on any claims including expenses, exceeding \$500)

Date	BI or PD	Description	Amount Paid	Expenses Paid	Amount O/S
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

When was above loss information updated with the Insurer(s)? \_\_\_\_\_

COVERAGES REQUIRED						
PERILS	COVERAGES	DED	CO-INS	LIMITS	RATE	PREMIUM
	Building					
	Contents					
	Other (specify)					
	Consequential Loss					
	Profits		100%			
	Gross Earnings		80%			
	Extra Expenses		100%			
	Rents					
	Other (specify)					
	Glass					
	Sign Floater					
	Office Equipment					
	Other (Specify)					
Including or excluding: Flood? _____ Earthquake? _____ Sewer Backup? _____						
	Broad Form Money					
	In-Out Hold-up					
	CGL					
	TLL					
	Other (specify)					
	Boiler & Machinery					

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:
  - a. gives false or erroneous information to the prejudice 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 wilfully makes a false statement in respect of a claim under the Contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

Signature of applicant (or authorized representative) \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Date \_\_\_\_\_

**QUESTIONS TO BE ANSWERED BY BROKER**

- 1. Do you know the Applicant personally? \_\_\_\_\_
- 2. If yes, for how long? \_\_\_\_\_
- 3. Did you receive the order direct from the Applicant? \_\_\_\_\_
- 4. If no, from whom and why? \_\_\_\_\_  
\_\_\_\_\_
- 5. Do you handle other Insurance for Applicant? \_\_\_\_\_
- 6. Do you recommend this risk in every respect? \_\_\_\_\_
- 7. Is this risk a renewal to your Office?  
Yes  No
- 8. If yes, how long have you placed insurance on this risk? \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_