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Commercial Business Application

Applicant Details

1. Broker: _____
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?

20. Are you aware of any incidents that may result in a claim? Yes No

21. If yes, please advise details: _____

Occupancy

22. Describe any process(es), if applicable.

23. Building Construction:

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

24. Fire Alarm/Detectors:

Sprinklers	%	Yes	No	Local Alarm	Monitored	Wet	Dry
Smoke/Heat		Yes	No	Local Alarm	Monitored	Other	
Pull Box		Yes	No	Local Alarm	Monitored	Other	
Hydrant(s)		Within 75m		Within 150m	Over 150m	Other	
Fire Department		Within 3kms		Within 5kms	Within 10kms	Other	
Fire Department		Paid		Volunteer	Part Paid, Part Volunteer		
Portable Extinguishers (Specify)							

25. Burglary Alarm System(s)

Interior (Infrared or Motion)	Yes	No	Local	Monitored	Other (specify)
Perimeter (contacts on doors and windows)	Yes	No	Local	Monitored	Other (specify)
Bars on Windows	Yes	No	Deadbolt on Doors	Monitored	Other (specify)
Perimeter Lighting	Yes	No	3rd Party Security	Yes No	Other (specify)

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

26. 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: _____

27. Location and operations of Premises:

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

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

29. Elevators – Escalators:

Number	Location	Description
a.		
b.		
c.		

30. 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.	\$	\$	\$

31. 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.	\$	\$

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

- a. _____
- b. _____
- c. _____

33. Contractors Protective:

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

34. Are sub-contractors required to carry liability insurance? Yes No

35. If yes, specify required limits: _____

36. Do you ask sub-contractors to submit liability certificates? Yes No

37. Do you enter into formal contractual agreements with your sub-contractors? Yes No

38. If yes, do you include a "Hold Harmless" clause in your favour? (Submit copy of usual contract form.) Yes No

39. Are all employees covered by Workmen's Compensation? Yes No

40. If no,

- a. Give number and types of employees not covered by Workers Compensation _____
- b. Actual payroll of these employees _____

41. Is Employers' Liability required? Yes No

42. If yes, advise number and occupation of employee: _____

43. Is Voluntary Compensation required? Yes No

44. 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

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

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

47. Is yes, specify number of employees by their profession: _____

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

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

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

a. Demolition or Wrecking Yes No

b. Shoring Yes No

c. Underpinning Yes No

d. Caisson Work Yes No

e. Excavation Yes No

f. Use of Explosives Yes No

g. Raising or moving of buildings and structures Yes No

h. Tunnelling Yes No

i. Welding Yes No

51. Details of any operations involving the use of welding equipment, blowtorches, or other similar equipment away from premises: _____

52. Does Forest Fires Prevention Act apply? Yes No

53. Do you have special agreements with Dept. of Lands and Forests? Yes No

54. 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)? _____

Perils: All Risks (A.R.) Named Perils (NP) Valuation: Replacement Cost (R.C.) Actual Cash Value (ACV)

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 willfully 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? Yes No
- 2. If yes, for how long? _____
- 3. Did you receive the order direct from the Applicant? Yes No
- 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 in your office? Yes No
- 8. If yes, how long have you placed insurance on this risk? _____

Broker's Signature: _____ Date: _____