



COMMERCIAL PROPERTY INSURANCE APPLICATION

1. APPLICANT INFORMATION

1. Name of Organization or Legal Entity (Applicant Company) including any subsidiaries :

(please show complete name as you wish it to appear on the policy)

2. Address (Not P.O. Box):

Website: _____

3. Number of years at this location: _____

4. Principal(s) Name(s): _____

5. How many years in business? _____

6. Nature of Operation: _____

7. Name of Previous Carrier: _____

Expiry Date: _____ Expiring Premium: \$ _____

2. LOCATION INFORMATION (COMPLETE FOR EACH LOCATION COVERED)

8. Location: Same as above noted: Other: _____

9. Is the building owned by the Applicant? YES NO

Area occupied by the Applicant: _____

Number of stories: _____ Year Built: _____

10. Please indicate the following:

Wall Construction: Frame Brick & Wood Frame Masonry Steel Other _____

Roof Construction: Wood Joist Steel Deck Concrete Other _____

Floor Construction: Wood Joist Concrete Other _____

Dates and Extent of Updates: Roof: _____

Wiring: _____

Plumbing: _____

Heating: _____

Number of Stories that are occupied: _____

Total Square Footage of occupied space: _____

11. Adjacent Exposing Occupancies:

North: _____ East: _____

South: _____ West: _____

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12. Fire Protection: Hydrant within 300 metres Fire Station within 8km Unprotected (no hydrants)
 Fire Alarm: None Local Central Station
 Sprinklered: None Partial _____% Located in: _____ Yes 100%
 Burglar Alarm: None Local Central Station Other

13. Are all doors equipped with double cylinder deadbolt locks? YES NO
 If NO, please describe protection: _____

14. Is there a safe? YES NO
 If YES, please specify type/class: _____

15. Average amount of cash on the premises: \$ _____ Maximum amount: \$ _____

16. Loss Payee(s) & Mailing Address: _____

17. Mortgagees: _____

3. COVERAGES, LIMITS & NOTES

18.

	Location 1	Location 2	Location 3
PROPERTY VALUES	LIMIT:	LIMIT:	LIMIT:
Building			
Equipment			
Tenants Improvements			
Office Contents			
EDP Equipment			
EDP Data Media			
Laptops/Portables Projectors			
Customers' Goods			
Property of Others			
Stock			
Gross Earnings			
Profits			
Transit			
Other _____			

NOTE: IF more than 3 locations, please attach a separate sheet (copy of this page for the additional information).

19.

CRIME	LIMIT:	LIMIT:	LIMIT:
Employee Dishonesty			
Money Orders & Securities			
Other _____			

20. Flood? YES NO

21. Earthquake? YES NO

4. BOILER AND MACHINERY (EQUIPMENT BREAKDOWN) IF REQUIRED

22. Boiler Type if any: Hot water Steam

How many boilers are at the insured location? _____

Is there a maintenance contract in force? YES NO

23. Air conditioning:

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Central Air Conditioning? YES NO
If YES: Horsepower _____ OR Tons _____
Is there a maintenance contract in force? YES NO
How many compressors are at the insured location? _____

24. Pressure Vessels:

Are there any other pressure vessels? YES NO
If YES, are any over 24 inches in Diameter? YES NO
How many pressure vessels are at the insured location? _____
Is there a maintenance contract in force? YES NO

25. Is the temperature sensitive property monitored by a central station temperature alarm? YES NO

26. Are automatic, self-starting non-electrical back-up power units providing a minimum of 6-hour power supply operational? YES NO

Is there transient voltage surge suppression?
 YES, at main panel YES, at each individual refrigeration unit None

27. Is there any specialty equipment, which would take longer than three months to replace? (If yes, provide details and time element to replace and install):

5. CLAIM INFORMATION / ALL PROPERTY & BOILER AND MACHINERY

28. Claims experience past five (5) years: Please provide description, date and amount of loss:

6. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley's related or affiliated companies and service providers.

Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

7. WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract.

SIGNED: _____ DATE: _____
(Authorized Representative)

NAME (Please Print): _____ TITLE/POSITION: _____