



Commercial Underwriting

Application



DETAILS

Broker: _____ Date: _____ U/W: _____
Quote Binder
Effective Date: _____ Expiry Date: _____ Period: _____
Insured(s): _____
Mailing Address: _____

LOSS PAYABLE

1st Mortgagee: _____
2nd Mortgagee: _____

LOCATION 1

Risk Address: _____
Occupancy of Insured: _____
Occupancy of Others: _____
Number of Tenants: _____ Number of Apts: _____ Number of Rooms: _____
Year Built: _____ Storey(s): _____ Area Square Ft: _____
Wall Construction _____ Roof Construction _____ Floor Construction _____
Heating: Gas Oil Electric Base Board Radiator Wood
Fire Protection: Full Semi None Hydrants: Y N Km to Fire Hall: _____
Central Station: Y N Burglar Alarm: Y N Type: Local Monitor

What years were the following updated:

Electrical: _____ Plumbing: _____ Heating: _____ Roof: _____

Limits Required:

Building: _____ Contents: _____ Rent: _____ Liability: _____

LOCATION 2

Risk Address: _____
Occupancy of Insured: _____
Occupancy of Others: _____
Number of Tenants: _____ Number of Apts: _____ Number of Rooms: _____
Year Built: _____ Storey(s): _____ Area Square Ft: _____
Wall Construction _____ Roof Construction _____ Floor Construction _____
Heating: Gas Oil Electric Base Board Radiator Wood
Fire Protection: Full Semi None Hydrants: Y N Km to Fire Hall: _____
Central Station: Y N Burglar Alarm: Y N Type: Local Monitor

What years were the following updated:

Electrical: _____ Plumbing: _____ Heating: _____ Roof: _____

Limits Required:

Building: _____ Contents: _____ Rent: _____ Liability: _____

DETAILS

Previous Insurer & Policy Number: _____

Previous Claims History: _____

Coverage	ACV/RC	Deductible	LOC #1 LIMIT	LOC #2 LIMIT	Premium
----------	--------	------------	--------------	--------------	---------

FIRE & EC 80%

Building	_____	_____	_____	_____	_____
Contents	_____	_____	_____	_____	_____
Rents 100% Co	_____	_____	_____	_____	_____

MULTI-PERIL 90%

Building	_____	_____	_____	_____	_____
Contents	_____	_____	_____	_____	_____
Stock	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____
Rents 100% Co	_____	_____	_____	_____	_____

LIABILITY _____

TOTAL PREMIUM _____

Inspection Fee _____

Policy Fee _____

GRAND TOTAL _____

REVENUE /SALES	Food	Alcohol	Payroll
----------------	------	---------	---------

Applicant's Name: _____ Date: _____

Signature: _____

Co-Applicant's Name: _____ Date: _____

Signature: _____