



# Commercial Property Application

Vailo Insurance Services Ltd

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Who conveys the deposit to the bank?

# COMMERCIAL PROPERTY APPLICATION

### **GENERAL INFORMATION** Contact Person: Phone: Broker: Name of Applicant(s) - including all subsidiaries: Is the Applicant(s) new to the broker: ☐ No ☐ Yes If no, how long have you known the Applicant: Mailing Address: Postal Code: Risk Location Address: Postal Code: Website (if applicable): Number of Years in Business: **Business Operations:** Previous Insurer: Expiry Date: Expiring Premium: PROPERTY UNDERWRITING INFORMATION (COMPLETE FOR EACH LOCATION COVERED) Insured's Occupancy: Other Occupancies: Year built: □ No □ Yes If over 30 years old, have there been any updates to the building: If yes, Dates and Extent of Updates: Roof: Wiring: Plumbing: Heating: Is any portion of this building vacant, unoccupied or under renovation? Adjacent Exposures: Indicate the following: **Wall Construction:** ☐ Frame ☐ Brick and Wood Frame ☐ Masonry □ Non-Combustible ☐ Fire Resistive ☐ Other: ☐ Wood Joist ☐ Plank on Timber ☐ Steel Deck **Roof Construction:** ☐ Concrete on Steel ☐ Reinforced Concrete ☐ Other: Height of Building: ☐ Forced Air ☐ Boiler ☐ Electric ☐ Other: Heating Type: Total Building: □ No □ Yes % Applicant's Sqft: Building Sprinklered: Burglary Alarm System: $\square$ Yes $\square$ No ☐ Monitored □ Local ☐ None □ No □ Yes Do you have any flammable / combustible liquids on your premises? If yes, how much and how are they stored? ☐ Excellent $\square$ Good ☐ Fair ☐ Poor General Housekeeping: ☐ Excellent ☐ Poor ☐ Fair Physical Condition: ☐ Good ☐ Excellent $\square$ Good □ Fair ☐ Poor Financial Position: □ Excellent $\square$ Good □ Fair ☐ Poor Neighborhood: CRIME UNDERWRITING INFORMATION How many employees do you have on payroll? How many of those employees would normally handle money? □ No □ Yes If yes, is it ULC approved and what class? Do you have a safe on premises? How often are bank deposits made? How is the deposit conveyed (on foot, by auto)?

What is the maximum amount conveyed?



# **COVERAGE REQUIREMENTS**

PROPERTY & BUSINESS INTERRUPTION COVERAGE	DEDUCTIBLE	CO-INS	LIMIT OF INSURANCE
POED (Property of Every Description)	\$		\$
Building	\$		\$
Equipment (Including Tenants Improvements)	\$		\$
Stock	\$		\$
Transit	\$		\$
Business Interruption	\$		\$
Rent or Rental Value	\$		\$
Extra Expense	\$		\$
Office Contents	\$		\$
Computer Package Policy	\$		\$
MPF (Miscellaneous Property Floater)	\$		\$
CEF (Contractors Equipment Floater)	\$		\$
Other:	\$		\$
Other:	\$		\$
Other:	\$		\$
CRIME COVERAGE	DEDUCTIBLE	CO-INS	LIMIT OF INSURANCE
Inside / Outside Robbery	\$	Not Applicable	\$
Broad Form Money & Securities	\$	Not Applicable	\$
Commercial Blanket Bond (Form A)	\$	Not Applicable	\$
Other:	\$	Not Applicable	\$

# **CLAIMS INFORMATION – ALL PROPERTY & CRIME**

1				
2				
3				
4				
DECLARATION AND SIGNATURE				
Consumer and previous insurer reports containing personal, credit, fa connection with this application for insurance or a renewal, extension,	ctual or investigative information about the applicant may be sought in or variation of the insurance applied for.			
$\ensuremath{I}$ / we declare that after proper enquiry the statements and particulars any material fact.	given above are true and that I /we have not misstated or suppressed			
I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.				
I / we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.				
Signed:	Full Name:			
Position:	Date:			

Describe any insured and uninsured losses having occurred in the past 5 years (please provide a description, date and amount of loss):