



Commercial Property & Liability Application

Vailo Insurance Services Ltd

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COMMERCIAL PROPERTY & LIABILITY APPLICATION

GENERAL INFORMATION

Broker:	Contact Person:	Phone:
Name of Applicant(s) – including all subsidiaries:		
Is the Applicant(s) new to the broker: <input type="checkbox"/> No <input type="checkbox"/> 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:
If over 30 years old, have there been any updates to the building:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
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: <input type="checkbox"/> Frame <input type="checkbox"/> Brick and Wood Frame <input type="checkbox"/> Masonry	
	<input type="checkbox"/> Non-Combustible <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Other:	
	Roof Construction: <input type="checkbox"/> Wood Joist <input type="checkbox"/> Plank on Timber <input type="checkbox"/> Steel Deck	
	<input type="checkbox"/> Concrete on Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other:	
Height of Building:	Heating Type: <input type="checkbox"/> Forced Air <input type="checkbox"/> Boiler <input type="checkbox"/> Electric <input type="checkbox"/> Other:	
Total Building:	Applicant's Sqft:	Building Sprinklered: <input type="checkbox"/> No <input type="checkbox"/> Yes %
Burglary Alarm System:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monitored <input type="checkbox"/> Local <input type="checkbox"/> None	
Do you have any flammable / combustible liquids on your premises? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, how much and how are they stored?		
General Housekeeping	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Physical Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Financial Position	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Neighborhood	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

CRIME UNDERWRITING INFORMATION

How many employees do you have on payroll?	How many of those employees would normally handle money?
Do you have a safe on premises? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is it ULC approved and what class?
How often are bank deposits made?	How is the deposit conveyed (on foot, by auto)?
Who conveys the deposit to the bank?	What is the maximum amount conveyed?

GENERAL LIABILITY UNDERWRITING INFORMATION

Full description of operations - attach brochure(s) if any:

Area of operation:

Experience of principal & partners:

Total number of employees:

Full-time employees:

Part-time employees:

Are all employees covered by Worker's Compensation? No Yes

If no, please explain:

Actual gross revenues for the past 12 months: \$ Estimated gross revenue for the next 12 months: \$

Actual payroll for the past 12 months: \$ Estimated payroll for the next 12 months: \$

Breakdown of total revenue by operations:

Operations	Actual gross revenues for the past 12 months	Estimated gross revenue for the next 12 months	Canada %	USA %	Foreign %

If you subcontract work, do you require your subcontractors to carry liability coverage? No Yes

If yes, what limit do you require?

Are certificates of insurance required? No Yes

Does the applicant assume any contractual liability by verbal or written agreement? No Yes

If yes, please explain and attach copies:

Do you own or rent any watercraft? No Yes If yes, please provide details (description, length, HP, rented or owned):

Do you own or rent any Aircraft? No Yes If yes, please provide details (description, length, HP, rented or owned):

Do you have any unlicensed automobiles or specifically automobiles for which compulsory insurance does not apply? No Yes

If yes, please explain:

Do any employees regularly drive their own vehicles on company business? No Yes

If yes, please explain:

Do you have any Architects, Engineers, Doctors or similar professionals on staff? No Yes

If yes, please explain:

Does the applicant engage in any of the following operations (if yes, please describe)?

Aircraft Products or work at airports	<input type="checkbox"/> No <input type="checkbox"/> Yes	Remediation contracting	<input type="checkbox"/> No <input type="checkbox"/> Yes
Amusement parks or devices	<input type="checkbox"/> No <input type="checkbox"/> Yes	Restoration contracting	<input type="checkbox"/> No <input type="checkbox"/> Yes
Asbestos, lead, oil, UFFI or PCB abatement	<input type="checkbox"/> No <input type="checkbox"/> Yes	Roofing	<input type="checkbox"/> No <input type="checkbox"/> Yes
Caisson, shoring, excavation, blasting, or tunneling	<input type="checkbox"/> No <input type="checkbox"/> Yes	Security or protection services	<input type="checkbox"/> No <input type="checkbox"/> Yes
Demolition or wrecking	<input type="checkbox"/> No <input type="checkbox"/> Yes	Snow removal	<input type="checkbox"/> No <input type="checkbox"/> Yes
High hazard participants injury activities	<input type="checkbox"/> No <input type="checkbox"/> Yes	Spraying (pressure washing)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Liquor sales or host liquor liability	<input type="checkbox"/> No <input type="checkbox"/> Yes	Use of explosives	<input type="checkbox"/> No <input type="checkbox"/> Yes
Railroads	<input type="checkbox"/> No <input type="checkbox"/> Yes	Waterworks	<input type="checkbox"/> No <input type="checkbox"/> Yes
Raising or moving of buildings or structures	<input type="checkbox"/> No <input type="checkbox"/> Yes	Welding off premises	<input type="checkbox"/> No <input type="checkbox"/> Yes

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	\$
Other:	\$	Not Applicable	\$
LIABILITY COVERAGE	DEDUCTIBLE	CO-INS	LIMIT OF INSURANCE
		Not Applicable	
		Not Applicable	
		Not Applicable	
		Not Applicable	
		Not Applicable	
		Not Applicable	
		Not Applicable	
		Not Applicable	
		Not Applicable	
		Not Applicable	
		Not Applicable	
		Not Applicable	
		Not Applicable	
		Not Applicable	

MISCELLANEOUS INFORMATION (Please provide any additional information – where the space provided was insufficient)

CLAIMS INFORMATION – ALL PROPERTY, CRIME & LIABILITY

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

1. _____
2. _____
3. _____
4. _____
5. _____

DECLARATION AND SIGNATURE

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 a renewal, extension, or variation of the insurance applied for.

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not misstated or suppressed any material fact.

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: _____