



# Commercial Property Application

**Vailo Insurance Services Ltd**

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## COMMERCIAL PROPERTY 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:	<b>Wall Construction:</b>	<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:	
	<b>Roof Construction:</b>	<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?

## 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

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. \_\_\_\_\_

## 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: \_\_\_\_\_