

# Commercial Property Application

#### Vailo Insurance Services Ltd

Suite 430 – 250 Newport Drive, Port Moody, BC V3H 5H1

Phone: 604.829.3811 Toll Free: 1.877.787.6737

www.vailo.ca



### **COMMERCIAL PROPERTY APPLICATION**

#### **GENERAL INFORMATION**

Broker:	Contact Person:	Phone:
Name of Applicant(s) – including all subsidiaries:		
Is the Applicant(s) new to the broker: $\Box$ No $\Box$ Yes	If no, how long have you known the Applic	ant:
Mailing Address:	Postal Co	ode:
Risk Location Address:	Postal Co	ode:
Website (if applicable):	Number of Years in Busine	ess:
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 buildin			g:	□ No	□ Yes			
If yes, Dates a	and Extent of Updates:		Roof:					
			Wiring:					
			Plumbing:					
			Heating:					
Is any portion of this bui	Iding vacant, unoccupie	d or under renov	vation?					
Adjacent Exposures:								
Indicate the following:	Wall Construction:	□ Frame			Brick and	Wood Frame	□ Masonry	
		Non-Comb	oustible		Fire Resis	stive	□ Other:	
	<b>Roof Construction:</b>	Wood Jois	t		Plank on	Timber	□ Steel Deck	
		Concrete c	on Steel		Reinforce	d Concrete	□ Other:	
Height of Building:	Heating Type:	Forced Air		Boiler	🗆 Ele	ectric 🗆	Other:	
Total Building:	Applicant's Sqft:		Βι	ilding S	prinklered:	🗆 No 🗆 Ye	es	%
Burglary Alarm System:	□ Yes □ No □	Monitored	□ Local	🗆 Non	e			
Do you have any flammable / combustible liquids on your premises?								
If yes, how much and how are they stored?								
General Housekeeping:		□ Excellent	□ Good	🗆 Fa	air 🗆 Po	or		
Physical Condition:		□ Excellent	□ Good	🗆 Fa	air 🗆 Po	or		
Financial Position:		□ Excellent	□ Good	🗆 Fa	air 🗆 Po	or		
Neighborhood:		□ Excellent	□ Good	🗆 Fa	air 🗆 Po	or		

#### **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?	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?

## Vailo\_

#### **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: