

Commercial Insurance Application

Name and mailing address

Legal name _____
Address line 1 _____
Address line 2 _____
City _____ **Province** _____ **Postal code** _____

Business information

Contact name _____
Title accounting buyer (decision maker) owner risk management inspection claims other: _____
Business no. _____ **Alternate no.** _____
Fax no. _____ **Email address** _____
Website address _____
Sending company customer ID _____ **Xpress client ID** _____
Preferred language English French
Legal entity corporation division individual joint venture Ltd corp partnership not for profit
 subsidiary **Other:** _____
Name of principal _____
Operations description _____

Business type automotive business and professional contractor and trade hospitality retail realty
 wholesale **other:** _____
Primary industry code (SIC) _____ **Business start year** _____
No. of years continuous coverage _____
Do you require errors and omissions insurance? Yes No

Operation details

Estimated gross annual sales Total _____ Canada _____ % U. S. _____ % Foreign _____ %
Revenue split by operations _____
Internet sales yes no
Are you responsible for any shipping? yes no if yes, provide limit _____
Employee count Full time _____ part time _____ estimated payroll _____
Covered under WCB Yes No

Prior policy information

Has any insurer cancelled, declined, or refused any commercial insurance to the applicant within the past five years? Yes No

If yes, provide details:

Insurer _____

Reason _____

Insurer _____

Policy number _____ **Expiry date (dd/mm/yyyy)** _____

Coverage	<input type="checkbox"/> property	Limit _____	Deductible _____	Expiring premium _____
	<input type="checkbox"/> general liability	Limit _____	Deductible _____	Expiring premium _____
	<input type="checkbox"/> crime	Limit _____	Deductible _____	Expiring premium _____
	<input type="checkbox"/> umbrella	Limit _____	Deductible _____	Expiring premium _____
	<input type="checkbox"/> automobile	Limit _____	Deductible _____	Expiring premium _____

Additional policies in force? Yes No

If yes, provide details:

Loss history

Do you know of any occurrence that may lead to a claim? Yes No

Have there been any losses or claims by the applicant in the last five years? Yes No

If yes, complete the following chart(s):

Loss date (dd/mm/yyyy)	Status	Paid amount	Reserve amount	Insurer
_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed	_____	_____	_____
Cause of loss	_____	_____	_____	_____
_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed	_____	_____	_____
Cause of loss	_____	_____	_____	_____
_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed	_____	_____	_____
Cause of loss	_____	_____	_____	_____

Additional loss information:

Company address (risk location)

Is the risk the same address as the mailing address? Yes No

If no, please complete address details:

Address line 1 _____

Address line 2 _____

City _____ **Province** _____ **Postal code** _____

Location Details

Are there more than two liens or mortgages on any location? Yes No

If yes provide details:

Location no. _____ Building no. _____

Year built _____ # of stories _____

Occupancy by insured _____ Occupancy by others _____

Adjacent exposures: Front _____ Back _____ Left _____ Right _____

Total area (sq. ft.) _____ Snow removal yes no Parking area yes no
Salting yes no

Distance to hydrant _____ feet meters Distance to firehall _____ kms miles

Overall construction fire resistive masonry non combustible brick veneer frame wood
Other: _____

Wall construction fire resistive masonry non-combustible frame
Other: _____

Roof construction wood joist steel deck concrete
Other: _____

Floor construction wood joist concrete
Other: _____

Fire alarm none central station monitoring station full shared ulc
Other: _____

Burglary protection none central station local alarm police department
Other: _____

Sprinklers yes no % sprinklered _____

Renovations Year completed _____ full partial Type _____
Updates _____

Electrical Year completed _____ full partial Type _____
Updates _____

Plumbing Year completed _____ full partial Type _____
Updates _____

Heating Year completed _____ full partial Type _____
Updates _____

Roof Year completed _____ full partial Type _____
Updates _____

Values

Do you do any installations? Yes No

If yes, what is the maximum amount of work in progress but not completed? _____

Is this location rented or owned? Rented Owned

Building _____
Office contents _____
Equipment _____
Total contractors equipment _____
CGL limit _____

Stock _____
Rental income _____
Laptops _____
Fine arts _____
Other _____

Comments

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- For claims administration and data analysis
- For fraud detection and prevention
- For analytics purposes by aggregating or otherwise de-identifying personal information
- To develop proprietary tools and databases
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