

PACKAGE POLICY – NEW SUBMISSION

NAME OF BROKERAGE:			
Mailing Address:			
	Phone:	Fax:	
	Email:	Web Site:	
NAME OF THE INSURED:			
Mailing Address:			
	Phone:	Fax:	
	Email:	Web Site:	
Contact Name:			
PRINCIPALS NAME:			
Experience in this company:		Prior Experience :	
Date business established:			
DESCRIPTION OF OPERATIONS:			
FORM OF BUSINESS:			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP or LIMITED LIABILITY PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> TRUST
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)		
Who are insured's customers & where are they located?			
PHYSICAL ADDRESS OF RISK:		Location 1:	
ALL PREMISES YOU OWN, RENT OR OCCUPY			
For Additional Locations Please Complete An Additional Locations Application			
Photos Attached:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
CONSTRUCTION:			
Height: _____	Stories: _____	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Housekeeping: _____

WALLS: Brick Concrete Block Steel Frame Reinforced Concrete Other: _____

ROOF: Decking - Wood Steel Concrete Other: _____

Surface Wood Shingles Patent Metal Other: _____

FLOORS: Wood Concrete Other: _____

AREA: Grade _____ Sq. Ft. Age: _____

Updates: Electrical _____ Plumbing: _____ Heating: _____ Roof: _____

ELEVATORS / CHUTES: Yes No Number _____ Type _____

COMMON HAZARDS:

HEATING: HW HA Steam **CHIMNEY:** Metal Conc. Block Brick Lined

FUEL: Gas Oil Electric Wood/Coal **WIRING:** Fuses Circuit Breakers Copper Yes No

SPECIAL HAZARDS

Yes No If Yes Specify: Woodworker Plastics Flammable Liquids Welding

Vulcanizing Cooking Spray Painting

Other Details: _____

EXPOSURES:

N _____ (feet to) Stys: _____ Constn: _____ Occ: _____

S _____ (feet to) Stys: _____ Constn: _____ Occ: _____

E _____ (feet to) Stys: _____ Constn: _____ Occ: _____

W _____ (feet to) Stys: _____ Constn: _____ Occ: _____

PROTECTION:

HAND EXTINGUISHERS: Yes No **HYDRANTS:** Yes No Within 1000 Feet : Yes No

FIRE DEPT.: Full Volunteer None **AUTO CO2:** Yes No

Maintenance Contract Yes No Distance to Fire hall _____

AUTOMATIC SPRINKLERS: Yes No Wet Dry

ALARM Local Central Station Both None

Installation Date: _____ Monitoring Station

BURGLARY:

EXTERIOR OPENINGS: Windows: Barred Screened Doors Deadbolt: Yes No

BURGLAR ALARM SYSTEM: Yes No ULC Approved Yes No

Protection: Partial Complete

Protects: Premises Safe Vault - Make/Installation Co. _____

Alarm: Local Central Station Police Monitoring Station

Safe/ Vault: <input type="checkbox"/> ULC Listed Class _____			
Glass Dimensions:			
Signs:			
DESCRIPTION OF EQUIPMENT:			
DESCRIPTION OF STOCK:			
EDP:	Hardware		Software
Off-Premises Exposure:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participation in trade shows or exhibitions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transit / Cargo required:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
BOILER & MACHINERY:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Electrical & Machinery Breakdown Application		
Gross Sales:	\$	Sub-Contracted Sales:	\$
Installation Sales:	\$	Annual payroll:	\$
Number of employees:	_____ FT _____ PT	Own Auto use by employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No
CLAIMS / LOSSES:			
Last 5 Years & Amount Paid			
MORTGAGEES & LOSS PAYABLE:			
CURRENT INSURANCE INFO:	Insurance Company: Policy Number _____ Expiry Date _____:		
Has Insured ever been declined, canceled or refused renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give full details.			
General Comments:			
Date Required:		Premium Required:	\$
Recommendations / Comments			

COVERAGES REQUIRED

PROPERTY

<i>Description</i>	<i>Type</i>	<i>Co-Ins.</i>	<i>Deductible</i>	<i>Value</i>	<i>Rate</i>	<i>Premium</i>
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$

MISCELLANEOUS

<i>Description</i>	<i>Type</i>	<i>Value</i>	<i>Rate</i>	<i>Premium</i>
				\$
				\$
				\$
				\$

BUSINESS INTERRUPTION

<i>Description</i>	<i>Type</i>	<i>Co-Ins.</i>	<i>Deductible</i>	<i>Value</i>	<i>Rate</i>	<i>Premium</i>

LIABILITY

<i>Description</i>	<i>Type</i>	<i>Deductible</i>	<i>Limits</i>	<i>Rate</i>	<i>Premium</i>
CGL / OLT	<input type="checkbox"/> CGL <input type="checkbox"/> OL&T	\$_____BI \$_____PD	Per .Occurrence \$ Gen Aggregate \$		\$
	Non- owned Auto		\$		Inc.
	Medical Payments		\$		Inc
	PI and Adv		\$		Inc

	Tenants Legal	\$	\$		Inc
	Prod & Comp Ops Agg		\$		Inc
Adjustable premium	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show basis:			
Employers Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		\$
Employment Benefits E&O	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		\$
Other endorsements needed: (list)					
_____			_____		
Brokers Signature			Date		