

JEWELLERS CMP SUPPLEMENT

1. Name of Broker: _____
2. Applicant's Business Name: _____
3. Operating Name(s): _____
4. Website Address: _____
5. Sole Proprietor Partnership Corporation Non-Profit Association Other?
6. Mailing Address: _____
7. Legal Address: _____
8. Operating Since: _____ Years of Experience in this Type of Business: _____
9. Financial Information:
 Total Annual Receipts \$ _____ Payroll \$ _____
10. Total Square Footage of Operations: _____
11. Is the Building Owner Occupied?..... YES NO
12. Is the risk located in or have space located in a basement or below ground level?..... YES NO
13. Construction Details:
 Date Building was Constructed: _____ And _____ # of Stories
 Wall Construction Material: _____ Floor Construction Material: _____
 Roof Construction Material: _____ Covering: _____ Year Updated: _____
 Wiring Material: _____ Amps: _____ Breakers Fuses Year Updated: _____
 Other Describe: _____
 Plumbing Material: _____ Partial Galvanized Year Updated: _____
 Heating Type: _____ Fuel: _____ Year Updated: _____
 Air Conditioning: YES NO Roof Mounted: YES NO
14. Hydrants within 1000' YES NO, Distance to Responding Fire Hall: _____
15. Is the Building/Premises Sprinklered? .. YES NO,
 Type of Sprinkler Alarm - None / Local / Monitored or Central Station
16. Does the Building/Premises have a Fire Alarm? YES NO,
 Type of Fire Alarm - None / Local / Monitored or Central Station

17. Please describe exposures to the Building/Premises

East: _____ West: _____

North: _____ South: _____

Other Occupancies in building: _____

18. Details of most recent insurance - Expiry Date: _____ Expiring Premium: _____ Insurer: _____

19. Has the applicant ever had their insurance cancelled or coverage refused:..... YES NO

Describe: _____

20. Current Broker: _____ Since: _____

21. Describe all Losses / Claims in the Past (5) Five years:

Date of Loss	Cause of Loss	Pay Out / Reserve
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Details of Mortgagees / Loss Payables:

23. Details of Additional Insured's (describe legal relationship to the applicant):

24. Broker Comments: _____

Signed By: _____ Signature: _____

Position: _____ Date: _____

Broker Name: _____ Phone / Fax #: _____

Address: _____

Contact Name: _____ Email Address: _____

Coverage and Limits Required

Is Replacement Cost Endorsement Required on Building <input type="checkbox"/> YES <input type="checkbox"/> NO Equipment <input type="checkbox"/> YES <input type="checkbox"/> NO Building must be built after 1970 and be upgraded within 10 years to be eligible for Replacement Cost.				
Coverage	Limit	Deductible	Form	Co %
Building <input type="checkbox"/> Including By Laws	\$	\$	<input type="checkbox"/> Named Perils or <input type="checkbox"/> All Risk	80% 90%
Tenants Improvements	\$			
Equipment	\$			
Stock	\$			
Consequential Loss	\$			
Office Contents	\$			
Computer Equipment	\$			
Valuable Papers	\$			
Accounts Receivable	\$			
Sign Floater	\$			
Automatic Fire Suppression Recharge	\$			
Fees To Substantiate a Loss	\$			
<input type="checkbox"/> Exterior Building Glass	Plain Flat Glass Thermopane		Linear Ft.	
Business Interruption	\$		Profits Gross Earnings	100% co 80% co 50% co
Extra Expense	\$			
Rental Income	\$			100%
<input type="checkbox"/> Sewer Back Up	<input type="checkbox"/> Flood		<input type="checkbox"/> Earthquake	
Employee Dishonesty	\$		Form A	
Money & Securities	\$		<input type="checkbox"/> Hold-Up or <input type="checkbox"/> BFM&S	
Stock & Equip Burglary	\$		* Only required if Named Perils on Property	
Damage to Building By Burglary	\$		* Only required if Named Perils on Property	
General Liability	\$	\$		
Tenant Legal Liability	\$	\$		
Non Owned Auto	\$			
<input type="checkbox"/> SEF #94	\$			
Boiler & Machinery Consequential Loss	<input type="checkbox"/> Include \$	As per Property Deductible		

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