

COMMERCIAL UNDERWRITING APPLICATION

BROKER: _____ DATE: _____ U/W: _____

QUOTE BINDER

EFFECTIVE DATE: _____ EXPIRY DATE: _____ PERIOD: _____

INSURED(S): _____

MAILING ADDRESS: _____

LOSS PAYABLE

1st MORTGAGEE: _____

2nd MORTGAGEE: _____

LOCATION 1

RISK ADDRESS: _____

OCCUPANCY OF INSURED: _____

OCCUPANCY OF OTHERS: # of Tenants _____ # of Apts _____ # of Rooms _____

Year Built _____ Wall Construction _____ Roof Construction _____ Storey(s) _____

Floor Construction _____ Gas Oil Electric BB Radiator Wood Area Square Ft _____

Fire Protection: Full Semi None Hydrants: Yes No Km to F. H. _____

Central Station: Yes No Burglar Alarm Yes No Type: Local Monitor

WHAT YEARS WERE THE FOLLOWING UPDATED:

ELECTRICAL PLUMBING HEATING ROOF

LIMITS REQUIRED:

BUILDING CONTENTS RENT LIABILITY

LOCATION 2

RISK ADDRESS: _____

OCCUPANCY OF INSURED: _____

OCCUPANCY OF OTHERS: # of Tenants _____ # of Apts _____ # of Rooms _____

Year Built _____ Wall Construction _____ Roof Construction _____ Storey(s) _____

Floor Construction _____ Gas Oil Electric BB Radiator Wood Area Square Ft _____

Fire Protection: Full Semi None Hydrants: Yes No Km to F. H. _____

Central Station: Yes No Burglar Alarm Yes No Type: Local Monitor

WHAT YEARS WERE THE FOLLOWING UPDATED:

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PREVIOUS INSURER & POLICY #: _____

PREVIOUS CLAIMS HISTORY: _____

COVERAGE	ACV/RC	DEDUCTIBLE	LOC #1 LIMIT	LOC #2 LIMIT	PREMIUM
FIRE & EC 80%					
Building					
Contents					
Rents 100% Co					
MULTI-PERIL 90%					
Building					
Contents					
Stock					
Equipment					
Rents 100% Co					
LIABILITY					
TOTAL PREMIUM					
Inspection Fee					
Policy Fee					
GRAND TOTAL					
REVENUE /SALES	FOOD		ALCOHOL	PAYROLL	

Applicant's Name **Signature**

Date

Co-Applicant's Name **Signature**

Date