

COMPREHENSIVE GENERAL LIABILITY, TENANTS LEGAL LIABILITY AND OFFICE CONTENTS

APPLICATION

IMPORTANT NOTES :

The questions contained in this Application are designed to give the Insurance Company sufficient information regarding your business to offer to you an insurance quotation. It cannot always cover every aspect and it is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions.

If you have insufficient space to answer any questions, please attach a separate sheet.

If you require assistance in completing this Application, Treacy Insurance Brokers Ltd will be pleased to assist you.

This Application must be signed and dated by an Officer, Partner or Owner of the company applying for the coverage.

Please provide a copy of :

- Your Corporate Brochure;*
- Any documents or contracts addressing, increasing or extending your liability and/or damages in the event of a claim and/or lawsuit.*

Information contained in this Application will be used to obtain insurance quotations on your behalf. It will be released to Insurance Companies and/or other insurance intermediaries such as insurance agents, insurance brokers or Managing General Agents for the purpose of obtaining on your behalf insurance quotations or to other parties as may be required by law. Treacy Insurance Brokers Ltd confirms that it will maintain the confidentiality of this information while also complying with its obligations under the B.C. Personal Information Protection Act ("PIPA"). By signing this Application you give Treacy Insurance Brokers Ltd permission to release this Application and the information contained herein to the foregoing mentioned parties at this time and at any time in the future unless we receive specific written notification from you not to do so.

A. FULL NAME OF THE INSURED

include all subsidiaries, divisions etc that you require to be protected under this insurance coverage

B. DESCRIBE YOUR BUSINESS OPERATIONS :

Please attach any informative corporate brochures or information.

C. NUMBER OF YEARS IN BUSINESS :

NUMBER OF PERSONNEL :

D. NAMES OF PRINCIPALS / KEY PERSONNEL AND THEIR POSITIONS

	Name	Position	Title
1.			
2.			
3.			

E. ARE YOU A MEMBER OF ANY NATIONAL/INTERNATIONAL ORGANIZATION ?

Yes No . If Yes, please advise :

F. FULL POSTAL ADDRESS OF PREMISES (if more than one location please attach a Separate Data Sheet for each and identify whether owned or leased premises or only leased storage space)

Address :

Telephone # () Fax # () E.Mail

If Leased Storage space only, advise name of the lessor :

G. CONTRACTS : Please attach any standard contracts used by your company and any contracts or agreements which extends your legal liability under your standard contract. *The attachment hereto of any such contracts shall not automatically extend the quotation to cover contractual liability ,the Insurance Company will have to specifically agree to include such coverage.*

H. BUILDING (separate sheet to be completed for each location)

1. Address :

2. Year Built :

Floors

Do you OWN or LEASE premises ?

Lease storage space only ?

3. Full description of Construction (e.g. concrete block on concrete slab with steel roof; Steel frame on concrete slab with brick veneer and steel roof etc) :

4. Total Square Footage of the Building :

**Square footage of your premises split between - Office space :
Manufacturing space :
Storage/Warehouse :**

5. If owned premises, what is the Replacement Value ? \$

6. How are the premises heated ? Electric Natural Gas Other (describe)

7. Are premises in an industrial park ? Yes No .

Describe type of business' adjacent to the premises :

**8. Confirm no flammables stored on your premises Yes No
or the adjacent premises Yes No**

**If Yes, please clarify : Your Premises -
Adjacent Premises -**

9. Do you store your own goods or act as bailee while goods of others are in your warehouse/ care, custody & control ?

Your own goods : Yes No

As a bailee : Yes No .

If Yes, please attach a copy of your Warehouse contract with cargo Owners etc.

A. Your own Goods in Storage at your own premises :

What are the amounts in storage at any one time ?

**Average \$
Maximum \$**

What are period that goods remain in storage ?

**Usual
Maximum**

Describe goods that you store :

B. Goods of others in your care, custody and control :

What are the amounts in storage at any one time ?

**Average \$
Maximum \$**

What are the periods that goods remain in your care, custody and control :

**Usual
Maximum**

Describe the goods of others that you store :

Attach copy of the contract you require owners of goods to sign with your storage facility.

C. Your Goods which are stored at the premises of others :

What are the amounts in storage at any one time ?

**Average \$
Maximum \$**

What are the periods that goods remain in storage ?

**Usual
Maximum**

Describe the goods in storage at the premises of others :

Attach copy of the contract between you and the storage facility.

I. FIRE PROTECTION (attach a separate sheet for each location)

**1. Distance from premises of nearest (A) Fire hydrant : metres
(B) Fire station : kms**

2. Response time by fire station to your premises :

3. Are your premises sprinklered ? Yes No

4. Are complex common area's sprinklered ? Yes No

5. Are fire sensors connected to central alarm centre ? Yes No

6. # Fire extinguishers and type(s) on your premises ?

7. Any other fire protection system ? If yes, please explain :

J. SECURITY (attach a separate sheet for each location)

1. Are premises protected by a central or local alarm system ?

Central	Yes	No
Local	Yes	No

If No, do you intend to have a system installed ? Within

3 months
6 months
12 months

If Yes, please describe the system (e.g. doors & windows have sensors plus motion sensors inside the office etc) :

2. Copy of the Alarm System Certificate of Installation is attached :

Yes No

3. If a warehouse forms part of your premises please advise type of roller door (steel etc) :

Confirm that all doors, windows etc are wired to the alarm system :

Yes No

4. Periodic security checks done on the complex ?

Yes No

By : Security Police

At : Night Day

K. OWNED OR LEASED OFFICE and/or WAREHOUSE EQUIPMENT (replacement value)

1. Total Amount to be insured : \$
What approx percentage is computers : %

2. # Computers : Owned or leased ?

Photo copier ? Owned or leased ?

Fax Machine ? # Owned or leased ?

Fork Lifts ? # Serial #'s : Owned or leased ?

Other Warehouse Equipment : Describe, attach a schedule with Serial #'s and identify if Owned or Leased.

3. Are any leasing companies, banks etc required to be named under your policy as loss payee's ? If Yes, please advise their :

Full Name and Address	Equipment and Serial #
------------------------------	-------------------------------

1.

2.

L.TENANTS LEGAL LIABILITY (applicable to where you lease premises only)

Under the lease, is a minimum amount for tenants liability specified ?

Yes No . If Yes, what is the amount ? \$

If No, the amount we will obtain a quote for is \$100,000. Is this amount sufficient ?

Yes No . If No, what amount do you require ? \$

M. EXTRA EXPENSE / BUSINESS INTERRUPTION

This insurance insures the "extra expense" incurred by you in order to continue your business following damage to or destruction by perils insured to the buildings and/or your office contents for not exceeding such length of time (normally referred to as the period of restoration) as required, commencing from the date of the damage to the buildings or your office contents. There is a due diligence / dispatch requirement to repair, rebuild or replace such parts of the buildings or to replace your office contents as may be destroyed or damaged. Minimum information required to obtain a quotation is :

1.Gross Annual Turnover from your business activities ? \$

2.Estimated Gross Profit for your current year ? \$

3.Estimated Increased Cost of working ? \$

4.Maximum Indemnity Period ? 30 days 60 90 120 180 240 360

N. PRODUCTS LIABILITY

1. Do you require this insurance cover ? Yes No .

If Yes, describe the Products that you manufacture or are legally responsible for and for which you require Products Liability insurance on :

2. Where are the major buyers / users of your products ?

**Canada % U.S.A % Mexico % C. America % South America % W. Europe % E. Europe
% Russia % Ex Soviet Union countries % Middle East % Japan % China/Hong Kong %
Far East % Indian sub-continent % Other %**

3. Please attach a copy of any specific contracts that you issue or are required to sign.

O. Have you ever had any previous policy cancelled or renewal declined ?

Yes No .

If Yes, please advise which insurance policies and the reasons. If insufficient space please attach a separate page which will become part of this Data Sheet :

P. Name of current Insurer :

Years with this Insurer :

Name of Previous Insurer :

Q. CLAIMS RECORD

Give the total amounts of all claims made against you under a Comprehensive General Liability, Tenants Legal or Products Liability cover and claims made by you under the Office Contents section and whether insured or not. If there is insufficient space, please attach this information which will become a part of this Data Sheet.

YEAR	TYPE OF POLICY	DESCRIBE CLAIM	DEDUCTIBLE	AMOUNT CLAIMED	PAID
20					
20					
20					
20					
Current Year					

R. SIGNATURE

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance has read and understands this Questionnaire and declares that all statements set forth herein are true, complete and accurate.

The undersigned further declares and represents that any event or occurrence taking place prior to the effective date of the policy applied for, which may render inaccurate, untrue, or incomplete any statement made herein will be immediately reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the accuracy of the information in this Questionnaire and the Insurers of such written report, prior to inception of the policy applied for, is a condition precedent to coverage.

The signing of this Questionnaire does not bind the undersigned to purchase insurance nor does review by the Insurance Company to issue a policy. The Insurance Company reserves its right to offer limits, deductibles or franchises other than shown herein. It is agreed that this Questionnaire shall be the basis of the contract of insurance should a policy be issued and it shall become part of said policy.

Signature :

Position :

Printed :

Date :

S. INSURANCE BROKER

Treacy Insurance Brokers Ltd
Suite 212 - 2571 Shaughnessy Street
Port Coquitlam, B.C.
Canada V3C 3G3

Telephone # 604.945.5747
Fax # 604.945.4204
e-mail : mark.wilson@treacyinsurance.com
website : www.treacyinsurance.com