

METROTOWN INSURANCE SERVICES LTD

COMMERCIAL APPLICATION FORM

DATE _____ AGENT/BROKER _____
APPLICANT _____
MAILING ADDRESS _____
RISK LOCATION _____
PHONE _____ , FAX _____ , EMAIL _____
LOSS PAYEE AND THEIR ADDRESS _____

EFFECTIVE DATE: _____
ADDITIONAL INSURED / ADDRESS _____

UNDERWRITING INFORMATION:

1. AGE _____ (IF OVER 20 YEARS OLD, MUST PROVIDE UPDATE INFORMATION ON PARA. 5,6,7, AND 8)
2. STOREYS _____ , TOTAL NO. OF UNITS _____ ; 3. APPLICANT'S SQ. FOOTAGE _____
4. CONSTRUCTION: FIRE RESISTIVE _____ FRAME _____ MASONRY / NON COMBUSTIBLE
OTHERS (PLEASE SPECIFY) _____
5. HEATING _____
6. ELECTRICAL: FUSES _____ BREAKER _____ 7. ROOF _____ 8. PLUMBING _____
9. SPRINKLERED: YES _____ NO _____ 10. HOUSEKEEPING: GOOD _____ FAIR _____ POOR _____
11. FIRE EXTINGUISHING & MAINTENANCE CONTRACT: YES _____ NO _____ ; UL300 COMPLIED: YES _____ NO _____
STEAM CLEANING CONTRACT SEMI-ANNUALLY: YES _____ NO _____
12. OCCUPANCY _____
APPLICANT'S OPERATION (PLEASE DESCRIBE IN FULL DETAIL) _____

OTHERS (PLEASE LIST ALL TENANTS, BY TYPE, OF THE BUILDING) _____

13. BURGLARY PROTECTION: LOCAL ALARM _____ CENTRAL MONITOR ALARM _____ , CLASS II SAFE
ALARM SYSTEM: ULC _____ ; DED. LINES _____ , MONITORED BY _____
14. LENGTH OF TIME IN BUSINESS _____ , YEARS AT THIS LOCATION _____
15. PRINCIPAL'S EXPERIENCE _____
16. DISTANCE FROM HYDRANT _____ m, FROM FIRE HALL _____ km, PAY _____ VOLUNTARY _____ PART-TIME _____ FIREHALL _____
17. MISCELLANEOUS INFORMATION _____

18. ANNUAL GROSS RECEIPT _____ USA SALES: YES _____ NO _____ ; LIQUOR RECEIPT _____
19. PHOTOS ATTACHED: YES _____ NO _____
20. LOSS HISTORY PAST 5 YEARS (MUST COMPLETE, IF NONE, WRITE NONE) _____

21. CURRENT POLICY & INSURER _____
EXPIRING PREMIUM _____ RENEWAL OFFERED AT _____ DECLINED _____

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COVERAGE REQUESTED

BROAD FORM , NAMED PERILS FORM , FIRE ONLY FORM ,
EARTHQUAKE , FLOOD , SEWER BACKUP , REPLACEMENT COST EXCEPT STOCK , ACV

- 1. BUILDING -----
INCLUDE BLANKET BYLAWS COVERAGE: YES , NO
SEPARATE BYLAW COVERAGE: YES , NO -----
- 2. EQUIPMENT, TENANT IMPROVEMENT & STOCK -----
CUSTOMERS GOODS -----
CONSEQUENTIAL LOSS -----
- 3. TRANSIT -----
- 4. BUSINESS INTERRUPTION -----
GROSS EARNINGS , CO-INS ; NO-CO EARNING ; PROFITS FORM
ORDINARY PAYROLL: YES NO
- 5. EXTRA EXPENSES 6. AUDITORS FEES
- 7. VALUABLE PAPERS 8. ACCOUNTS RECEIVABLE
- 9. RENTAL INCOME (100% CO-INS., 12 MONTHS) -----
- 10. E.D.P. (ELECTRONIC EQUIPMENT FORM) -----
- 11. LIABILITY -----
COMMERCIAL GENERAL LIABILITY -----
OWNERS' LANDLORDS' & TENANTS' LIABILITY -----
- 12. NON-OWNED AUTO LIABILITY
- 13. TENANTS LEGAL LIABILITY, BROAD FORM -----
- 14. MALPRACTICE -----
- 15. CRIME -----
IN/OUT ROBBERY -----
WEEKEND ENDORSEMENT -----
BROAD FORM MONEY -----
BURGLARY DAMAGE TO BUILDING -----
- 16. BOND (PLEASE SPECIFY TYPE OF BOND) -----
- 17. EXTERIOR GLASS: YES , NO , HEIGHT OF BLDG. STOREYS
- 18. EQUIPMENT BREAKDOWN INSURANCE, PLEASE SPECIFY FORM REQUIRED.

- 19. TOOL FLOATER (PLEASE PROVIDE A COMPLETE LIST WITH INDIVIDUAL VALUE)
- 20. NEON SIGN -----
- 22. OTHER COVERAGE REQUIRED:

APPLICANT'S SIGNATURE: