

COMMERCIAL PROPERTY INSURANCE APPLICATION

FOR PURPOSES OF THE *INSURANCE COMPANIES ACT (CANADA)*, THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' INSURANCE BUSINESS IN CANADA.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS INAPPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

1. APPLICANT INFORMATION

A) Name of Company: _____

B) Mailing Address: _____

Business Phone No.: _____ Web Site Address: _____

C) Principal(s) Name(s): _____

2. GENERAL UNDERWRITING INFORMATION

A) How many years in business? _____

Number of years at this location: _____

B) Managements' experience in business: _____

C) Nature of Operation: _____

D) Number of Employees: _____

3. LOCATION INFORMATION (COMPLETE FOR EACH LOCATION COVERED)

A) Location: Same as Mailing Address Other: _____

B) Is the building owned by the Insured? YES NO

Area occupied by the Insured: _____

Number of stories: _____

Building age: _____

Basement? YES NO

C) Please indicate the following:

Wall Construction: Frame Brick & Wood Frame Masonry Steel

Roof Construction: Wood Joist Steel Deck Concrete Other: _____

Floor Construction: Wood Joist Concrete Other: _____

Dates and Extent of Updates: Wiring: _____

Plumbing: _____

Heating: _____

Building Occupants (describe occupancy): _____

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Adjacent Exposing Occupancies:

North: _____
 South: _____

East: _____
 West: _____

- D) Fire Protection: Hydrant within 300 metres Fire Station within 8km Unprotected (no hydrants)
 Fire Alarm: None Local Central Station
- E) Sprinklered: None Partial % Located in: _____ Yes 100%
- F) Burglar Alarm: None Local Central Station Line Security
 Digital Dealer

Please describe: _____

- G) Are all doors equipped with double cylinder deadbolt locks? YES NO
 If NO, please describe protection: _____

- H) Is there a safe? YES NO
 If YES, please specify type/class: _____
- I) Average amount of cash on the premises: \$ _____
 Maximum amount: \$ _____
- J) Housekeeping: Good Average Poor

4. COVERAGES, LIMITS & NOTES

- A) Type of Coverage requested: All Risk Named Perils
- | B) | Amount of Insurance | Valuation (R/C, ACV) | Deductible |
|---|---------------------|----------------------|------------|
| <input type="checkbox"/> Building: | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> Tenant Improvements: | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> Equipment: | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> Stock: | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> Property of Others: | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> Other: _____ | \$ _____ | _____ | \$ _____ |
- C) Gross Earnings: \$ _____ Extra Expense: \$ _____
 Profits: \$ _____ Rental Income: \$ _____
- D) Office Contents (non EDP): \$ _____
 Laptop Computers*/
 Portable Projectors* \$ _____ **(no coverage on or off premises unless reported)**

*** If covered, Value, Serial Numbers, Make and Model of each item is required to be attached.**

- E) Computer (EDP) Hardware: \$ _____ EDP Software/Media: _____
- F) Other Coverages: _____ \$ _____
 _____ \$ _____

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- G) Flood? YES NO
Earthquake? YES NO
- H) Notes/ Diagrams or Other Comments: _____

5. PREVIOUS INSURANCE / CLAIM INFORMATION

- A) Name of Previous Carrier: _____
Expiry Date: _____
Expiring Premium: \$ _____
- B) Claims experience past five (5) years: \$ _____
Description and Year: _____
- C) Loss Payee & Mailing Address: _____

- D) Mortgagees: _____

6. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Creechurch's related or affiliated companies and service providers.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

7. WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract.

QUEBEC RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____

DATE INSPECTED: _____

SURVEY COMPLETED BY: _____

BROKER: _____