

TEKPACPlus PROPERTY SUPPLEMENT

FOR PURPOSES OF THE INSURANCE COMPANIES ACT (CANADA), THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' AND LIBERTY MUTUAL INSURANCE COMPANY'S INSURANCE BUSINESSES 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. PROPERTY INFORMATION

1. Name of Company: _____

A) Location Address: _____

B) Please indicate Coverage and Limits required:

	Amount of Insurance		Amount of Insurance
<input type="checkbox"/> *Building:	\$ _____	<input type="checkbox"/> Gross Earnings:	\$ _____
<input type="checkbox"/> Tenant's Improvements:	\$ _____	<input type="checkbox"/> Profits:	\$ _____
<input type="checkbox"/> Equipment:	\$ _____	<input type="checkbox"/> Professional Fees:	\$ _____
<input type="checkbox"/> Stock:	\$ _____	<input type="checkbox"/> Extra Expense:	\$ _____
<input type="checkbox"/> Office Equipment (non EDP):	\$ _____	<input type="checkbox"/> Rental Income:	\$ _____
<input type="checkbox"/> Computer (EDP) Hardware:	\$ _____	<input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> Property of Others:	\$ _____		
<input type="checkbox"/> EDP Software/Media:	\$ _____		
<input type="checkbox"/> Laptop Computers*/ Portable Projectors*:	\$ _____		

(no coverage on or off premises unless reported)

*** If covered, Value, Make, Model, and Serial Numbers of each laptop and/or projector must be attached**

Flood Coverage? YES NO Earthquake Coverage? YES NO

C) Please indicate the following:

Building age: _____

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: _____

D) Building Occupants (describe occupancy):

Adjacent Exposing Occupancies:
 North: _____ East: _____
 South: _____ West: _____

E) Fire Protection: Hydrant within 300 metres Fire Station within 8km Unprotected (no hydrants)
 Fire Alarm: None Local Central Station
 Sprinklered: None Partial _____% Located in: _____ Yes 100%

Burglar Alarm: None Local Central Station Line Security Digital Dealer

Please describe: _____

2. 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.

3. 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.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

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 and will be attached to and form part of the policy.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____