

Commercial Application



BASIC INFORMATION		FOR COMPANY USE ONLY: FIRE WS #		RBP WS #
Broker:		Broker Code No.:		
Telephone:	Fax:	Email:		
Full Name of Applicant:		Name of Contact at Risk:		
Full Name of Principal(s):		Contact Phone # at Risk:		
Postal Address (including Postal Code):				
Neighbour Exposure:				
Full Details of Operations:				
In business since:		Number of years of previous experience:		
Applicant's web page address: www.				
Previous Insurer:	Premium:	Policy No.:	Exp. Date:	
Previous insurance declined or cancelled?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, full details:				
Any claims in the last 5 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, provide full details including date, type of loss, amount paid and outstanding:				
Mortgagee/Loss Payee Name and address (including Postal Code):				
1.				
2.				

CREDIT CONSENT

Name of Owner:	Date of Birth of Owner:
Address of Owner's Principal Residence including Postal Code:	
Number of Years the Owner has lived at this address?	Number of Years the Owner has been operating this business?
<input type="checkbox"/> I agree that Intact Insurance Company may obtain a credit score for underwriting purposes and be eligible for premiums savings. <input type="checkbox"/> I DO NOT agree that Intact Insurance Company may obtain a credit score for underwriting purposes and understand that I will NOT be eligible for premiums savings.	

LOCATION DETAILS (PLEASE INCLUDE PHOTOS WHERE POSSIBLE)

Address (if different from Postal Address):				
Wall Construction (√box)	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> HCB	<input type="checkbox"/> Brick, Masonry	<input type="checkbox"/> Brick Veneer
	<input type="checkbox"/> Metal Clad – Steel frame	<input type="checkbox"/> Metal Clad – Wood Frame	<input type="checkbox"/> Frame	<input type="checkbox"/> Log/Rustic
Roof Construction (√box)	<input type="checkbox"/> Concrete joist	<input type="checkbox"/> Steel deck	<input type="checkbox"/> Wood joist	
	<input type="checkbox"/> Other (describe)			
Floor Construction (√box)	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete Pad	
Total area occupied in Building:	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²	Area occupied by Insured:	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²	
No. of stories:	Basement:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Heating:	Type of Electrical System:			
Year built:	If building over 35 years old, have updates been carried out?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, when to: Heating System:	Roof:	Plumbing:	Wiring:	
Distance to Hydrant:	feet or meters	Distance to Firehall:	Miles	Kms
Sprinklered?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Building Type (√box)	<input type="checkbox"/> Single	<input type="checkbox"/> Industrial Mall	<input type="checkbox"/> Enclosed Mall	<input type="checkbox"/> Retail Strip
	<input type="checkbox"/> Plaza	<input type="checkbox"/> Apt. Building	<input type="checkbox"/> Other – specify	
Type of Glass (√box)	<input type="checkbox"/> Single Pane	<input type="checkbox"/> Double Pane	Area of Glass	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²

If Applicant is Tenant, input the appropriate Building Owner Occupancy	
Premises occupied by others? If YES, full details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupant:	Area Occupied: <input type="checkbox"/> ft² <input type="checkbox"/> m²

PHYSICAL PROTECTION

Fire Alarm (✓ box)	<input type="checkbox"/> None	<input type="checkbox"/> Local	<input type="checkbox"/> Monitoring	<input type="checkbox"/> ULC Certified (attach certificate)
Burglar Alarm (✓ box)	<input type="checkbox"/> None	<input type="checkbox"/> Local	<input type="checkbox"/> Monitoring	<input type="checkbox"/> ULC Certified (attach certificate)
Extent of protection	<input type="checkbox"/> Perimeter	<input type="checkbox"/> Area	Line Security Type?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of physical protection, locks on doors, bars or windows etc. (see Loss Control Checklist):				
Safe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, describe:		
Number of employees handling money:	Total # of employees:	Maximum amount of cash on premises		

DETAILS OF OPERATIONS

Receipts	Show Revenue by operation:		
Canadian Sales	Foreign Sales	(Specify country(ies))	
U.S. Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Annual U.S. Sales	
List States sold to:			
Any repairs and/or installations away from own premises?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, describe:			
Are Subcontractors used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, describe:	
1. Full details of work and cost of work sublet:			
2. Is proof of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit \$	
Wholesalers: Any alterations to products, including repackaging?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, describe:			
Restaurants: Automatic extinguishing systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Semi-annual maintenance contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Semi-annual duct cleaning?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Liquor Sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Annual Sales	

COVERAGES AND LIMITS

Item	Co-Ins	Limits	Ded.	Item	Co-Ins	Limits	Ded.
Property of Every Description				Business Interruption			
Building				Profits			
Equipment				Gross Earnings			
Stock (ACV)				Rental Income			
Office Equipment				Gross Rents			
Customer's Goods				Extra Expense			
Employees' Tools				Professional Fees			
Accounts Receivable				Crime			
Valuable Papers				BFM&S			
Transit				In/Out Robbery			
Consequential Loss				Employee Dishonesty – Form			
Equipment Breakdown				Liability			
Sign Floater				CGL			
Glass				Tenant's Legal			
Contractor's Equipment				Non-Owned Auto			
Misc. Articles Floater							
Laptops				Other:			
Computer Breakdown				Other:			
Earthquake				Other:			
Flood				Other:			
Sewer Backup				Other:			

Miscellaneous Information:

ANY OTHER COMMENTS:

In order to prepare the most advantageous offer and to provide you insurance coverage with respect to this application, we may collect, use, and disclose personal information, such as consumer**, inspection, and previous insurer reports, for the purposes of assessing risk, investigating and settling claims, and detecting and preventing fraud. Notice is hereby given in connection with your application for insurance, that a report containing personal and/or credit information** on you is being or may be sought.

Some of this information may be shared with third parties such as insurers, government agencies or other industry entities and service providers as permitted by law. If you are providing personal information about anyone else including, but not limited to, employees, directors, officers, partners, agents, or reps, have you obtained their consent for the same purposes?

☐ Yes ☐ No

If not: Will you confirm that you have authorization from them to consent to the above on their behalf?

☐ Yes ☐ No

**Do you consent?

☐ Yes ☐ No

SIGNATURE OF APPLICANT

DATE

POSITION OF APPLICANT

NAME OF BROKER

SIGNATURE OF BROKER