



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205
New Submission: property@tottengroup.com Website www.tottengroup.com

COMMERCIAL PROPERTY APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Business Name
Principal(s)
Mailing Address
Website Address
Loss Payable

of Years in Business # of Years Experience

Loss Experience (5 years)
Date Reserve Paid Expenses Closed Yes No
Details

Date Reserve Paid Expenses Closed Yes No
Details

Date Reserve Paid Expenses Closed Yes No
Details

Current insurance company on risk

Is renewal being offered? Yes No

If no, explain

Current expiry date? Expiring Premium Renewal Premium

Other markets approached

Additional Comments:



PROPERTY/CRIME INFORMATION

Risk Location # _____ # of years at this location _____

Address (if different from page 1 of app) _____

Occupancy By Insured as _____
By Others as _____

Is any portion of this building - Vacant or Unoccupied? Yes No
- Under Renovation? Yes No

If yes, please complete "Vacant/Unoccupied/Under Renovation" section of this application.

Construction

of Stories _____ Year Built _____ Square Footage _____

Walls - HCB Frame Metal Clad Other - _____
Roof - Concrete Steel Deck Wood Joist Patent
Updates - Full Partial Year _____

Utilities

Heat Gas F/A Electric Oil Other- _____
 Woodstove Wood Furnace Fireplace Insert
If wood, confirm ULC Approved? Yes No Installed to Code? Yes No

Updates - Full Partial Year _____

Electrical C/B Fuses _____ Amps
Updates - Full Partial Year _____ Is there knob and tube wiring? Yes No

Plumbing Copper Plastic Other _____
Updates - Full Partial Year _____

Protection

Fire - Hydrant within _____ Feet Metres
Fire hall Fulltime _____ kms Volunteer _____ kms

Sprinkler System - Yes No Wet Dry % of Building Sprinklered _____

Alarm - Yes No Central Monitored Local

Fire Extinguishers - # _____ Type ABC K (restaurants) _____ Size _____ lbs

Burglar Alarm - Central Monitored Local ULC Approved Yes No
 Full Perimeter Partial Perimeter Contacts All Windows All Doors
 Motion Detector Heat Detector Other _____

Safe Yes No Class _____
How often are bank deposits made? _____ By whom? _____
Are all doors fitted with deadbolts? Yes No

Housekeeping Excellent Good Fair Poor

Physical Condition Excellent Good Fair Poor

Financial Position Excellent Good Fair Poor

Neighbourhood Excellent Good Fair Poor



LIABILITY INFORMATION

Operations

Full Description of Each Operation	Gross Receipts (including subcontractors)		
	Estimate Next Year	Current Year	Prior Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

% U.S. _____ % Foreign _____ Details _____

Any operations conducted at other owned or leased premises? Yes No
 Any installation or repairs performed away from premises? Yes No If yes, describe _____

Subcontractors? Yes No Payroll for subcontractors _____
 Are "Certificates of Insurance" obtained from all subcontractors? Yes No

Employees # Full time _____ # Part time _____ # Clerical _____ Payroll _____

Brochures Attached To Follow

Current Limit _____ Occurrence Form Claims Made Form

Current Deductible _____ PD BI & PD PD (Per Claimant) BI & PD (Per Claimant)

MACHINERY BREAKDOWN INFORMATION

Do you currently carry Machinery Breakdown coverage? Yes No

Current Carrier? _____

Boiler Do you have a boiler? Yes No
 If Yes, please advise Hot Water Steam
 Contact Name for Inspection _____
 Telephone Number _____

Air Conditioning Do you have a Central Air Conditioning System? Yes No
 If Yes, please advise HP _____ Tons _____
 Is there a maintenance contract in force? Yes No

Other Do you have any other Pressure Vessels? Yes No
 If Yes, are there any over 24 inches in diameter? Yes No

Consequential If Consequential Damage coverage is required, please advise
 # of Cold Rooms/Cabinets _____
 What is the Maximum amount stored in any one Cold Room/Cabinet? _____

Additional Info Please provide any additional information that may be pertinent in the assessment of this Applicant?



Please ensure the following is completed in full. If not applicable for this location, please indicate same.

Vacant/Unoccupied Not Applicable Applicable to Location # _____

Vacant (building is entirely empty with no furnishings or storage)

Unoccupied (building is no longer used for its intended purpose, however, furnishings are kept on premises)

How long has building been vacant or unoccupied? _____ Expected term of vacancy/unoccupancy _____

Reason for vacancy/unoccupancy _____

Has the electricity been disconnected? Yes No

Please advise how far detached from adjacent building(s) _____

Are any adjacent buildings vacant or unoccupied? Yes No

Is anyone visiting premises on a regular basis? Yes No

If so, who? _____ How often? _____

Is this vacancy or unoccupancy seasonal? Yes No

Are all doors and windows securely closed and locked? Yes No

Is all rubbish removed from within and about the building(s) and premises? Yes No

Is the grass cut and all bushes, etc. cleared around all buildings? Yes No

Under Renovation Provide full details _____

Term _____ Is premises occupied during renovation? Yes No

Who is undertaking renovations? Applicant Contractor If Applicant, please advise experience _____

If Contractor, do they have a CGL in effect? Yes No

Is applicant financially sound? Yes No Provide details of mortgage amounts, other businesses, etc. _____

Student Boarding/Rooming House Survey Not Applicable Applicable to Location # _____

Number of rooms rented _____ Number of apartments rented _____

Does the owner live on premises? Yes No Does a superintendent live on premises? Yes No

Are there any adjacent buildings? Yes No How far detached? _____

Is each floor equipped with a) Fire Alarms Yes No b) Smoke Detectors Yes No

c) Fire Extinguishers Yes No

Does the owner allow cooking in rooms? Yes No

If yes, please confirm type of cooking units Hot Plate Conventional Stove Common Kitchen

Are the tenants: Students Tourists Other _____

Rooms rented: Daily Weekly Monthly Annually

Restaurant/Hotel/Tavern Not Applicable Applicable to Location # _____

Does the operation include a) deep frying Yes No b) grilling Yes No

Is the kitchen equipped with an automatic extinguishing system? Yes No The system is Dry Wet

Does the system cover the entire grilling/deep frying surface? Yes No

Is there a 6 month maintenance agreement in place with a certified service provider? Yes No

Fire Extinguishers # _____ Type ABC K (restaurants) _____ Size _____ lbs

Receipts Food \$ _____ Liquor \$ _____ Other \$ _____

APPLICANT DECLARATION

NOTE: I/We hereby declare that the statements and particulars contained in this application are true and that I/We have not suppressed or mis-stated any material facts and I/We agree that should a Policy be issued then this application shall be the basis of the contract with Underwriters.

Date

Signature of Applicant



BROKER INFORMATION

Is this account NEW to your office? Yes No

If no, how long have you known the applicant? _____

Do you handle other insurance for the Applicant? Yes No

Is the operation financially sound? Yes No

Did you receive the order direct from the Applicant? Yes No

Do you recommend this applicant in every respect? Yes No

Other markets approached _____

Comments: _____

Signatures

(Signature of Insured)

(Position in Organization)

(Date)

(Signature of Broker)

(Date)

Name of Insurance Brokerage

Complete address of Insurance Brokerage

Broker Email Address: _____



COVERAGES AND LIMITS

SECTION I - PROPERTY- Location # _____ - Building # _____

Form Named Perils Broad Form
 ACV Replacement Cost

Deductible \$1,000 Other _____

Limits

Building #1 _____

Contents _____

Stock _____

Equipment _____

Gross Earnings _____

Profits _____

Extra Expense _____

Rental Income _____

SECTION II - CRIME

Deductible \$1,000 Other _____

Inside/Outside Robbery _____

Burglary Damage to Buildings _____

Mercantile Stock Burglary _____

Money & Securities (BF) _____

Safe Burglary _____

SECTION III - LIABILITY

Deductible \$1,000 Other _____

Property Damage Bodily Injury & Property Damage Other: _____

Form Occurrence Claims Made

Limit

Owner's, Landlords & Tenants _____

Commercial General _____

Tenants Legal Liability _____

SECTION IV - GLASS

Plain Plate - Total Sq Ft _____ Thermopane - Installed Cost _____

SECTION V - MULTI-PERIL

Deductible \$1,000 Other _____

Limit

Accounts Receivable _____

Contractor's Equipment Form _____

EDP Hardware _____ Media _____ Extra Exp _____

Office Equipment Floater _____

Signs _____

Tool Floater _____

Valuable Papers _____

SECTION VI - MACHINERY BREAKDOWN

Property Damage _____

Business Interruption _____ (if provided in Section 1 above)

Consequential Damage \$5,000 (if provided in Section 1 above)