



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205
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PRO-OFFICE PACKAGE 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.

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

Occupancy by Insured Yes No Occupancy by Others Yes No
 Is any portion of this building - Vacant or Unoccupied? Yes No
 - Under Renovation? Yes No

Construction

of Stories _____ Year Built _____ Square Footage _____
Walls - HCB Frame Metal Clad Other - _____
Roof - Concrete Steel Deck Wood Joist Patent _____
 Updates (if older than 20 years) - 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 (if older than 20 years) - Full Partial Year _____
Electrical C/B Fuses _____ Amps
 Updates (if older than 20 years) - Full Partial Year _____
Plumbing Copper Plastic Other _____
 Updates (if older than 20 years) - 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 work performed away from premises? Yes No If yes, describe _____

Revenue generated from work performed away from premises _____
 Number of employees doing work away from premises _____

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

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

ERRORS & OMISSIONS INFORMATION

Do you currently carry E&O Coverage? Yes No *Please note that this package warrants that E&O coverage is in place at all times

Current Carrier _____

Current Limit _____ Current Deductible _____ Current Expiry Date _____

Please note that if you currently do not carry an E&O policy, Totten Group has facilities that will consider all forms of professional liability. Please contact our office for further details.

Additional Info Please provide any additional information that may be pertinent in the assessment of this 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 and Address of Insurance Brokerage

Broker Email Address: _____



COVERAGES AND LIMITS

SECTION I - MULTI-PERIL - Location # _____ - Building # _____

Deductible \$1,000 Other _____

Limits EDP _____
* Off Premises Coverage Required? Yes No
Limit _____

Office Equipment Floater _____
* Off Premises Coverage Required? Yes No
Limit _____

* If off premises coverage is required, please include list of scheduled items including year, make, model and serial number

Pro-Office Extension Endorsement to include:

Theft Damage to Building

Currency

Personal Effects

Extra Expense

Property Away from Premises – Theft of Property Off Premises Limited to Scheduled Articles Only

Valuable Papers

Debris Removal

Exhibition Floater

SECTION II - CRIME

Deductible \$1,000

Employee Dishonesty \$2,500

Loss Inside Premises \$2,500

Loss Outside Premises \$2,500

Money Order & Counterfeits \$2,500

Depositories Forgery \$2,500

SECTION III - LIABILITY

Deductible \$1,000 Other _____

Property Damage Bodily Injury & Property Damage Other: _____

Form Occurrence

Limit Commercial General \$1,000,000

\$2,000,000