



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

GARAGE PROGRAM 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.

1. Name of Applicant: _____

Full legal address of location(s) to be insured: _____

Mailing Address _____

Name of Principal(s) _____

Individual Partnership Corporation Joint Venture Other _____

Any Subsidiaries: _____

Name of Contact: _____ E-mail Address: _____

Phone # _____ Fax # _____

2. **Description of Operations and Revenue:** (Indicate operations by showing approximate gross revenues generated for each operation for the past year.)

Operations to be Insured	Receipts
Sale of petroleum and related products	
Sale of propane and/or natural gas	
Vehicle servicing (cars & light trucks) – (oil, lube, etc)	
Truck servicing (heavy trucks)-(mechanical, electrical)	
Vehicle repairs (cars & light trucks) – (mechanical, electrical)	
Truck repairs (heavy trucks)-(mechanical, electrical)	
Propane and/or natural gas fuel system conversions, repair or maintenance	
Repairs – auto body and/or paint	
Tire sales, repairs & service (cars & light trucks)	
Tire sales, repairs & service (heavy trucks)	
Auto parts sales: (new, used and/or reconditioned) please describe:	
Specialty shops (muffler, glass, detailing) please describe:	
Car wash: automated or self serve (please describe):	
Mobile service: (must be described in full):	
Automobile salvage yard	
Vehicle sales – new	
Vehicle sales – used	
Convenience store (* see question #6)	
Restaurant (*see question #6) Food Liquor	
Rental of portion of property (specify tenant)	
Rental of property or equipment: (specify: eg. videos, carpet cleaners etc.)	
Other: (must be described in full)	



3. Business Experience:

Number of years in this business: _____ Number of years at this location: _____

If new business, please advise related experience: _____

4. Number of Employees (including principals/owners): Full time _____ Part time _____

5. Garage Program Coverage and Limits Required:

A. Garage Package

i – Property of Every Description

This is a declaration of insurable property values. You are required to declare 100% of current **REPLACEMENT** values.

Property to be Insured	Limit Required
Buildings (List all buildings & structures at premises separately)	\$
Signs, standards, booths, islands	\$
Fuel pumps, associated equipment	\$
Fuel tanks * (supplementary application required)	\$
Garage equipment (included owners tools if left on premises)	\$
Office equipment (including EDP equipment)	\$
Tenants improvements	\$
Stock (excluding fuel, tobacco, stamps, phone cards)	\$
Fuel	\$
Tobacco products	\$
Stamps, phone cards, lottery & bus tickets	\$
Other – please describe	\$

ii – Business Interruption

Please provide a quotation for extended business income

(Broad Form Perils) – 12 month indemnity period \$ _____

(Limited business income available upon request)

iii - Crime

Coverages Available	Limit Required
Employee Dishonesty – Form A/ Depositor’s Forgery	
Loss of Money inside the premises	
Loss of money outside the premises	
Loss of money inside when premises closed (N.B. - \$2,500 MAXIMUM, COVERAGE NOT AVAILABLE IF NO SAFE)	
Money orders & counterfeit paper currency (included with purchase of crime coverage)	\$2,500

iv. Commercial General Liability Please advise limited required:

\$1,000,000 \$2,000,000 \$3,000,000
 \$4,000,000 \$5,000,000

Tenant’s Legal Liability – The policy currently provides \$250,000 limit. Is this limit sufficient? Yes No

If “no”, what limit is required? _____

v. Equipment Breakdown – Option #2

This coverage is optional: please indicate if a quote is required Yes No



B. Umbrella Liability

This coverage is optional: please indicate if a quote is required

Yes No

If “yes”, a Supplementary Questionnaire is required.

This coverage is available over primary limits of \$1,000,000 only.

Umbrella Liability provides excess limits over General Liability and Garage Automobile Liability. It can be extended to provide excess limits over owned Automobile Liability insurance – ONLY IF OWNED AUTOMOBILE POLICY IS CURRENTLY WITH AVIVA – Self-insured retention \$10,000.

C. Garage Automobile – Is this coverage required?

Yes No

If “yes” complete standard OAF 4 form

6. Other Coverages Available:

- i. Owned or lease automobiles insurance: to obtain a quotation, please complete a standard application for Ontario automobile insurance.
- ii. Any other coverages: please contact our office (e.g. Cargo, Contractor’s Equipment, Mobile Equipment, Employee’s tool.)

7. Building and Protection Information (A separate sheet must be completed for each building)

Building Construction Details	Walls	Roof	Floors
Describe type of building (e.g. – stand alone, industrial plaza, condominium plaza):			
Year built	Total Grade Floor of Building	f ²	/m ²
# of Storeys	Total Grade Floor of Building	f ²	/m ²
Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	Floor area of Insured’s premises	f ²	/m ²
Basement stock stored on skids? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Building heated by: _____		Is building air conditioned <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of hoists and their capacity?			
What year were the following updated:	Heating	Plumbing	Roof Wiring
Is the Risk within 500 feet of a Fire Hydrant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the Risk within 3 miles of a Fire Hall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of the responding Firehall:			
Are there portable extinguishers located on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the risk sprinklered?
If “yes”, please note date of last service D() M() Y()			No. of extinguishers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there physical barriers in place to prevent vehicle impact to pumps/above ground tanks/kiosks, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe:			
Is building solely occupied by applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		If “no”, building occupied by others as:	
Surrounding Exposures: Describe the Occupancy, construction and distance separating the buildings to each side of the Applicant’s premises (i.e, restaurant, auto body shop; wood, brick, large glass area, steel, no exposure.)			
Front:	Right Side:	Left Side:	Back:



If the operation includes a restaurant: Is there a deep fryer? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there an extinguishing system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No What type: _____ Is it semi-annually inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No When was it last inspected? D() M() Y() Are your hoods steam cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No When were they last cleaned? D() M() Y()	Is any of the exposed glass cracked, scratched or broken? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", describe: _____ _____ _____ _____ _____
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Are all doors fitted with dead locks and windows fixed and equipped with locking devices or metal screens or bars, in sound condition?
 Yes No If "no", do existing locks, etc. adequately protect this risk? Yes No

Does risk have a burglar alarm system protecting all accessible openings? Yes No
 If "yes" indicate type of alarm: Local Centrally ULC Listed Equipment ULC Listed Monitoring Company
 Make: _____
 Certificate No.: _____
 Name of Installing Company: _____
 Name of Monitoring Company: _____
 Does risk have smoke/fire alarm system? Yes No Please fully describe: _____
 Are there any other security measures in place? Yes No Please fully describe (eg. guards, dogs, etc) _____

Is there a safe? If "yes", is it ULC listed? Describe: _____ Type: _____ Manufacturer: _____	Amount of cash left overnight? \$ _____	Are regular deposits made? <input type="checkbox"/> Yes <input type="checkbox"/> No How frequently are deposits made? Detail: _____
Is there an alarm system on safe? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the safe anchored to the floor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If cash is not deposited, explain procedure: _____

What protection for tobacco products are in place? (e.g., cages, stored separately – where and how and who has access) _____

What is the value of the tobacco on display? _____

How is the balance of tobacco stored? _____

Who has access to the stored tobacco not on display? _____

Is there any video camera surveillance? Yes No If yes, describe: (type, manufacturer, details, etc) _____

Is there an ATM machine on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the ATM machine owned or leased by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the ATM machine owned by others? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a separate ATM alarm, please describe: _____ Max. cash amount: _____
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8. Garage Automobile: (If garage automobile coverage required – Ontario application for automobile insurance form (OAF 4) must be completed)

Do you operate customers' vehicles at any time? Yes No
 Do you road test customers' vehicles? Yes No
 Do you park vehicles on your premises for remuneration? Yes No Average No. _____
 Average number of vehicles on the premises at any one time _____
 Maximum value of any one vehicle on your premises (collision limit) \$ _____
 Please state the comprehensive limit per occurrence required. \$ _____
 Number of tow trucks you own (must be insured separately) _____
 How many dealers plates do you own? _____
 What is the maximum value of any vehicle driven with the dealers plate? \$ _____
 What are the dealer plates used for? _____
 What are the plate numbers? _____

Driver Information		
(Provide information for any employees who will operate a customer's vehicle. If additional space needed, please print on separate sheet of paper and attach.)		
Driver's Name	Driver's License Number	Driver's Date of Birth mm/dd/yyyy

9. Loss Experience:

Please fully describe all losses that occurred during the past 5 years

Date of Loss	Amount of Loss	Deductible	Description of Loss

What steps have you taken to prevent further losses form occurring?

10. Previous Insurance:

Name of Property Insurer: _____ Expiry Date _____ Policy No. _____
 Name of Automobile Insurer: _____ Expiry Date _____ Policy No. _____
 To your knowledge, has any insurer cancelled coverage or refused to renew? Yes No
 If yes, why? _____



Will there be a Mortgagee or lien holder on the policy if issued?

Yes No

If yes, provide the following details:

Mortgagee or Lienholders' Name	Mortgagee or Lienholders' Address	Interest: (e.g. building, equipment, etc)

APPLICANT'S STATEMENT

COVERAGE WILL COMMENCE AS OF THE EFFECTIVE DATE OF THE POLICY. COVERAGE IS SUBJECT TO ALL TERMS AND CONDITIONS OF THE POLICY.

I / WE DECLARE THAT TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF, ALL OF THE FOREGOING STATEMENTS ARE TRUE, AND THAT THESE STATEMENTS ARE THE DECLARATIONS UPON WHICH AN INSURANCE POLICY MAY BE USED.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, BY AVIVA FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION AND CLAIMS HISTORY.

THIS IS AN APPLICATION FOR AN OCCURRENCE POLICY

CONSENT:

Applicant's Signature

Broker's Signature

Applicant's Title

Date Signed

Date Signed



AVIVA INSURANCE COMPANY OF CANADA
S.A.F. No.4
APPLICATION FOR STANDARD GARAGE AUTOMOBILE POLICY

New Policy <input type="checkbox"/>		Renewal <input type="checkbox"/>		Replacing Policy No. _____		Language Preferred English <input type="checkbox"/> French <input type="checkbox"/>		Policy No. Assigned _____	
Broker/Agent _____									
ITEM 1									
1. Full Name of the Applicant. _____								BLDG.	Lot
Full Business Address (Including County or District) (A) _____		Location of other premises where the business is conducted (show each building and lot separately) (B) _____		(C) _____		(D) _____			
2. Policy Period From _____ To _____ 12:01 AM Standard time at the applicants address stated herein as to each of said dates									
3. The automobiles in respect of which insurance is to be provided are those used in connection with the applicant's business of: (specify) (Specify whether automobile dealer, repair garage, service station, storage garage or parking lot and describe all other business, in respect of which insurance to be provided, conducted by the applicant at the locations specified in Item 1) Note: This form should not be used for rental or leasing exposures									
4. The basis of rating and calculation of the premium payable shall be in accordance with the premium computation statement attached hereto.								Full Time	Part Time
Estimated TOTAL PAYROLL for policy period \$ _____								Number of employees including proprietors partners and executive officers at the effective date of the policy.	
5. This application is made for insurance against one or more of the perils mentioned in this item by only for insurance under the section(s) or subsection(s) for which a premium is specified in this item and no other and upon the terms, conditions provisions, definitions and exclusions of the corresponding Standard Policy from and for the following specified limits and amounts.									
Insuring Agreements	Perils			Limits and Amounts				Advance Premium	
SECTION A Third Party Liability	Legal Liability for Bodily Injury to or death of any person or Damage to Property of others not in the Care, Custody or Control of the Applicant.			\$ _____	(Exclusive of costs and post Judgment interest) for loss or damage resulting from Bodily Injury to or the death of one or more persons and for loss or damage to property, regardless of the number of claims arising from any one accident.				\$ _____
Sub. Sec. _____ Subject to Provincial or Territorial legislations, coverage applies as follows:									
SECTION B Accident Benefits	1&2	Payments for Death or Bodily Injury			As stated in the Accident benefits wordings				\$ _____
					or				
	1	Medical Payments	\$ _____	Each Person			\$ _____		
	2	Death Dismemberment and total Disability	\$ _____	Principal Sum		\$ _____	Maximum weekly benefit		\$ _____
	1	Collision or upset	Actual Cash Value at time of loss or damage not exceeding the actual cost to the Insured			Sum payable by Insured in respect of each separate automobile \$ _____		\$ _____	
SECTION C Loss of or Damage to Owned Automobiles	The premium under Subsection 2, 3 and 4 shall be computed on a: <input type="checkbox"/> Monthly average basis or <input type="checkbox"/> Co-Insurance basis or <input type="checkbox"/> Other								
			Location as per Item 1	Subsections Insured	Limit of Liability	Sum payable by Insured in respect of each separate occurrence (Except for loss or damage by fire, lightning or theft of the entire automobile)			
	2	Comprehensive (excluding collision or upset and open lot pilferage)	(A)	\$ _____	\$ _____				\$ _____
	3	Specified perils (excluding open lot pilferage)	(B)	\$ _____	\$ _____				\$ _____
	4	Specified Perils (excluding theft)	(C)	\$ _____	\$ _____				\$ _____
			(D)	\$ _____	\$ _____				\$ _____
	In respect of each automobile, the Actual Cash Value at the time of loss or damage not exceeding the Actual cost to the Insured and subject to that limit for each Automobile: (A) the amount of Insurance stated in the monthly report, if any, or (B) the limit of Insurance stated herein to be applicable to each specified location for loss or damage from any one occurrence at each specified location.								
SECTION D Uninsured Motorist Cover	Protection against Uninsured and Unidentified Motorists			As Stated in the Uninsured Motorist Wording				\$ _____	
SECTION E Legal Liability for Damage to Customers' Automobiles Held In The Care, Custody or Control of The Applicant	1	Collision or Upset	\$ _____	(Exclusive of costs and post judgment interest) any one customer's Automobile			Sum payable by Insured in respect of each separate		\$ _____
	2	Specified Perils (Excluding Open Lot Pilferage)	Location as per Item 1	Maximum Number of Customers' Automobiles	Limit of Liability (Exclusive of Costs and Post Judgment Interest) any one Occurrence				
			(A)		\$ _____				
			(B)		\$ _____				
			(C)		\$ _____				
			(D)		\$ _____				
Endorsements _____ \$ _____									
The Advance Premiums are Subject to the Adjustable Premium Computation Provision in the Policy									
Minimum Retained Premium \$ _____									Total Advance Premium \$ _____
State name and address of Lienholder or Mortgagee to whom, jointly with the applicant, loss, if any, under section C is payable as their interests may appear.									
6. Has any insurer cancelled, declined or refused to renew any insurance related to the business of the applicant within the three years preceding this application? If so, state the name of Insurer									
7. State particulars of all accidents, losses or claims arising out of the ownership, use or operation of any automobile (I) by the applicant (II) in connection with the business within the three years preceding this application (List separately if necessary)									
Injury to Persons		Damage to Applicant's Vehicle			Damage to Property of Others				
(A) Collision		(B) Other			(A) Not in Care of Applicant		(B) In Care of Applicant		
8. All the statements in this Application are true and the applicant hereby applies for a contract of Automobile Insurance to be based on the truth of the said statements.									
Where (A) an Applicant for a contract gives false particulars of the Automobiles to be Insured to the prejudice of the Insurer or knowingly misrepresents or fails to disclose in the application any fact required to be stated therein or (B) the Insured contravenes a term of the contract or commits a fraud or (C) the insured wilfully makes a false statement in respect of a claim under the contract, a claim by the insured is invalid and the right of the insured to recover indemnity is forfeited.									

Signature of Applicant