



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205
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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