



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

SPECIAL RISKS DIVISION
Small Commercial / Habitational Application

Please Submit a Fully Completed & Signed Application

BROKER	Name of Broker: _____ E-Mail: _____
	Name of Brokerage: _____ Date: _____
	Telephone Number: _____ Fax Number: _____

GENERAL	Name of applicant: _____
	Name of Principal(s): _____
	Mailing address (incl. postal code): _____
	Location address (incl. postal code): _____
Mortgagees/Loss payees including mailing address: _____	

OCCUPANCY	Applicant is: <input type="checkbox"/> Non-Occupant Building Owner <input type="checkbox"/> Occupant & Building Owner <input type="checkbox"/> Tenant
	Complete Description of Operations &/or Occupancy By Others: _____

	(Attach separate page if necessary)

CONSTRUCTION	Construction: Walls: _____ Floors: _____ Roof: _____
	Year Built: _____
	Storeys: _____ Area: _____ # of units: _____ Storeys: _____
	Type of: Wiring: ^{Amps:} _____ Heating: _____ Plumbing: _____ Roof: _____ <small>Fuses/CB: _____</small>
	Last update: Wiring: _____ Heating: _____ Plumbing: _____ Roof: _____
	Unusual features: Knob & Tube Wiring? Yes <input type="checkbox"/> No <input type="checkbox"/> Wood-Burning Appliances? Yes <input type="checkbox"/> No <input type="checkbox"/> Oil tank? Yes <input type="checkbox"/> No <input type="checkbox"/> (Questionnaire for Woodstove/ Oil tank is required If YES)

PROTECTION	Hydrant Protected? Yes <input type="checkbox"/> No <input type="checkbox"/> Distance: _____ Fire extinguishers (# & type): _____
	Firehall protected? Yes <input type="checkbox"/> No <input type="checkbox"/> Distance: _____ Volunteer: <input type="checkbox"/> Professional: <input type="checkbox"/>
	Sprinklered? Yes <input type="checkbox"/> No <input type="checkbox"/> Partial or Complete? _____ Monitored? _____
	CO ₂ system? Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-annual maintenance contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Fire Alarm? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe: _____
	Burglar Alarm? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe: _____



INCOME	Gross Annual Revenue: _____ Any U.S.A.? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____
	Breakdown between operations (e.g. food / liquor) if applicable: _____
	Payroll: _____ No. of Employees: _____
	Hours of Operation: _____ Seasonal? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: _____

EXPOSURES	EXPOSURES	North	South	East	West
	Distance to:				
	Construction:				
	Occupancy:				

HISTORY	Length of time in business: _____ At this location: _____
	Prior experience in related business if above not applicable: _____
	Claims/Loss experience (insured & uninsured) for past 5 years: _____
	Has Insured ever been cancelled or refused insurance? (comments/why) _____
Prior Carrier: _____ Expiration date: _____ Premium: \$ _____	

COVERAGES	<table border="1"> <thead> <tr> <th>Coverage</th> <th>Limit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Coverage	Limit									<table border="1"> <thead> <tr> <th>Coverage</th> <th>Limit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Coverage	Limit								
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Deductible Desired/Required: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000																						

The applicant certifies that the above statements and facts are true and that no information has been suppressed, omitted or misstated.

Applicant's Signature: _____

Date: _____

Title: _____