

# Fenn & Fenn Insurance Practice Inc.

## Commercial Application Form

70 Main Street South  
 Newmarket, Ontario L3Y 3Y6  
 Phone 905-836-6066  
 Fax 905-836-9814

### GENERAL INFORMATION

|                  |            |              |          |
|------------------|------------|--------------|----------|
| Name of Insured  |            | Contact Name |          |
| Address          |            | City         | Province |
| Telephone Number | Fax Number | Website      |          |

Description of Operations and/or Product (attach product brochures if available)

|                             |   |
|-----------------------------|---|
| Number of Years In Business | Has insurance for the business ever been declined, cancelled or non-renewed by an insurer?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe: |
|-----------------------------|---|

### PREVIOUS INSURANCE

|                  |                          |                        |
|------------------|--------------------------|------------------------|
| Previous Insurer | Expiry Date (mm/dd/yyyy) |                        |
| Policy Number    | Expiring Premium         | Reason for remarketing |

### 5 YEAR CLAIMS HISTORY

Check here if no losses

| Date of Loss | Description of Loss | Amount |          |
|--------------|---------------------|--------|----------|
|              |                     | Paid   | Reserved |
|              |                     | \$     | \$       |
|              |                     | \$     | \$       |
|              |                     | \$     | \$       |
|              |                     | \$     | \$       |

### LOCATION INFORMATION (For additional locations, please complete a copy of the Location Information section for each and attach.)

|   |   |                          |                      |   |
|---|---|--------------------------|----------------------|---|
| Location Street Address (If different from mailing address) |   | City                     | Province             | Postal Code   |
| Number of Storeys   | Wall Construction<br><input type="checkbox"/> Frame <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Steel <input type="checkbox"/> HCB <input type="checkbox"/> Fire Resistive | Roof Construction        | Floor Construction   |   |
| Year Built  | Square Footage  | Distance to fire hydrant | Distance to Firehall | Sprinklered<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

Describe Upgrades and Year Completed (if older than 25 years)

|  |         |          |               |
|--|---------|----------|---------------|
| Electrical   | Heating | Plumbing | Roof          |
| Alarm Type –<br><input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> ULC Certified <input type="checkbox"/> No Alarm |         |          | Alarm Company |

Occupied by Insured

Yes  No If yes, describe business operation.

Occupied by Others

Yes  No If yes, describe business operation.

Adjacent Exposures

Loss Payable Name

|                |      |          |             |
|----------------|------|----------|-------------|
| Street Address | City | Province | Postal Code |
|----------------|------|----------|-------------|

### BOILER & MACHINERY (Excludes Production Machinery)

|  |   |
|--|---|
| Is Boiler & Machinery Coverage Needed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                 | Type of Heating<br><input type="checkbox"/> Forced Air <input type="checkbox"/> Steam <input type="checkbox"/> Electric |
| Air Conditioning<br><input type="checkbox"/> Central <input type="checkbox"/> Window <input type="checkbox"/> None | Electrical System Capacity  |
| Direct Damage Deductible<br>\$   | Waiting Period  |

| PROPERTY              |                    |            |                           |                    |            |
|-----------------------|--------------------|------------|---------------------------|--------------------|------------|
| Existing Coverage     | Limit of Liability | Deductible | Existing Coverage         | Limit of Liability | Deductible |
| Building              | \$                 | \$         | Cont. Equip (<3 yrs old)  | \$                 | \$         |
| Stock                 | \$                 | \$         | Cont. Equip. (>3 yrs old) | \$                 | \$         |
| Equipment/Office Cts  | \$                 | \$         | Fine Arts                 | \$                 | \$         |
| Tenant's Improvements | \$                 | \$         | Transit Sublimit          | \$                 | \$         |
| EDP                   | \$                 | \$         | Average value/shipment    |                    |            |
| Laptops               | \$                 | \$         | Max. value shipments      |                    |            |
| Tools                 | \$                 | \$         | Total Annual shipments    |                    |            |

| BUSINESS INTERRUPTION     |       |            |                       |
|---------------------------|-------|------------|-----------------------|
| Coverage                  | Limit | Deductible | Waiting Period (Days) |
| Gross Profits/Gross Rents | \$    | \$         |                       |
| Extra Expense             | \$    | \$         |                       |
| Ordinary Payroll          | \$    | \$         |                       |

| LIABILITY                                   |                              |                     |                            |
|---|------------------------------|---------------------|----------------------------|
| Coverage                                    | Limit of Liability Requested |                     | Deductible                 |
| Commercial General Liability                | \$                           |                     | \$                         |
| Non-Owned Auto                              | \$                           |                     | \$                         |
| Damage to Hired Auto                        | \$                           |                     | \$                         |
| Tenants Legal Liability                     | \$                           |                     | \$                         |
| Employee Benefits                           | \$                           |                     | \$                         |
| Liability Under Forest Fires Prevention Act | \$                           |                     | \$                         |
| Medical Payments                            | \$                           |                     | \$                         |
| Umbrella                                    | \$                           |                     | \$                         |
| Total Sales (Cdn.\$)                        | Canadian Sales (Cdn.\$)      | U.S. Sales (Cdn.\$) | Foreign Sales (Cdn\$)      |
| Liquor Sales (Cdn.\$)                       | Payroll (Cdn.\$)             | Number of Employees | % of Receipts Installation |
| \$  |                              |                     |                            |

If various operations (ie. Contractor), please provide a split in revenue by operation:

Are all workers covered under Workers' Compensation?

Yes  No

Describe work performed by those workers not covered under Workers' Compensation

| CRIME (Application required for limits over \$50,000) |                          |              |
|---|--------------------------|--------------|
| Coverage  | Limit of Liability       | Deductible   |
| Employee Dishonesty (Form A)                          | \$                       | \$           |
| Depositors Forgery                                    | \$                       | \$           |
| Money/Securities                                      | \$                       | \$           |
| Money Orders & Counterfeit                            | \$                       | \$           |
| Credit Card Forgery                                   | \$                       | \$           |
| No. of Class 1 Employees                              | No. of Class 2 Employees | Type of Safe |

| SIGNATURE           |            |                   |
|---------------------|------------|-------------------|
| Name (please print) | Department | Date (mm/dd/yyyy) |