

Fenn & Fenn Insurance Practice Inc.

OIRCA Members – Property & Auto

GENERAL INFORMATION				
Name of Insured		Contact Name		
Address		City	Province	Postal Code
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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:			
PROPERTY INSURANCE- PREVIOUS INSURANCE				
Previous Insurer		Expiry Date (mm/dd/yyyy)		
Policy Number	Expiring Premium	Reason for remarketing		
5 YEAR PROPERTY CLAIMS HISTORY				
Check here if no losses <input type="checkbox"/>				
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				
Location Street Address (If different from mailing address)		City	Province	Postal Code
Number of Storeys	Wall Construction <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 <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Upgrades and Year Completed (if older than 25 years)				
Electrical	Heating	Plumbing	Roof	
Alarm Type – <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> ULC Certified <input type="checkbox"/> No		Alarm Company		
Are there other occupants in your building? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe business operation.				
Adjacent Exposures				
Do you require any leasing companies, financing companies, banks or credit unions to be listed on the policy? If so, Name: Address:				

BOILER & MACHINERY	
Is Boiler & Machinery Coverage Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Heating <input type="checkbox"/> Forced Air <input type="checkbox"/> Steam <input type="checkbox"/> Electric
Air Conditioning <input type="checkbox"/> Central <input type="checkbox"/> Window <input type="checkbox"/> None	Electrical System Capacity
Direct Damage Deductible \$	Do you require coverage on Production Machinery?

COVERAGES REQUIRED—you can include a copy of your existing policy for the list of coverages

Existing Coverage	Limit of Liability	Deductible	Existing Coverage	Limit of Liability	Deductible
Building	\$	\$	Contractors Equipment	\$	\$
Stock	\$	\$	Rented Contractor's equipment	\$	\$
Equipment/Office Contents	\$	\$	Fine Arts	\$	\$
Tenant's Improvements	\$	\$	Property in Transit	\$	\$
Computer Equipment	\$	\$	Average value/shipment		
Laptops	\$	\$	Max. value shipments		
Tools Floater	\$	\$	Total Annual shipments		

INSTALLATION FLOATER		
Average Value of all Jobs including repair:	\$	Length of Average Job (days/months):
Largest job past year	\$	Anticipated Number of Jobs per year:
Maximum value any one Transit to jobsite:	\$	Transportation Method/Mean:
Annual Installation receipts:	\$	Limit Required per Installation: \$

BUSINESS INTERRUPTION			
Coverage	Limit	Deductible	Waiting Period
Gross Profits/Gross Rents	\$	\$	
Extra Expense	\$	\$	
Ordinary Payroll	\$	\$	

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

AUTOMOBILE INSURANCE

COVERAGES REQUIRED:

Third Party Liability Limit:	\$
Deductible required for damage to vehicles:	\$
Direct Compensation: with the no-fault system, you can elect to have a deductible when your vehicle is involved in an accident NOT at fault for additional savings. Do you wish to have a quote?	Yes () No ()

RIN#:

Max. radius of operation		Average radius of operation	
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AUTOMOBILE INSURANCE- PREVIOUS INSURANCE

Previous Insurer	Expiry Date (mm/dd/yyyy)
Policy Number	Expiring Premium

AUTOMOBILE CLAIMS INFORMATION

DATE OF LOSS	DESCRIPTION & DRIVER	CLAIM PAID	RESERVE

VEHICLES TO INSURE			
YEAR	BRAND	MODEL	V.I.N.

DRIVER INFORMATION		
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NAME OF DRIVER AS PRINTED ON DRIVERS LICENSE	DRIVERS LICENSE NUMBER	CONVICTIONS IN PAST 36 MONTHS

SIGNATURE	
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Name (please print)	Date (mm/dd/yyyy)
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