



COMMERCIAL APPLICATION

Business / Applicant Name: _____
 Principal(s) : _____
 Mailing Address: : _____
 Company Website: : _____
 Loss Payable: : _____
 # of Years in Business # : _____ # of Years Experience _____

5 Year Loss Experience:

If none, indicate same here: _____

Date	Reserve	Paid	Expenses	Status (Open or Closed)
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Name of your Current insurance company on risk: _____
 Is renewal being offered by your incumbent carrier? _____ Yes _____ No
 If no, explain _____
 Current expiry date? _____ Expiring Premium \$ _____ Renewal Premium \$ _____

PROPERTY/CRIME INFORMATION

Risk Location # _____ (*if multiple locations, use a separate sheet for each*)
 Number of years at this location: _____
 Address (if different from mailing address) _____

Occupancy

By Insured as _____
 By Others as _____
 Is any portion of this building under Renovation? _____ Yes _____ No (*if yes, complete renovation questions later on in this application*)

Construction

of Stories _____ Year Built _____ Square Footage _____
Walls: _____ HCB _____ Frame _____ Metal Clad _____ Other (describe) _____
Roof: _____ Concrete _____ Steel Deck _____ Wood Joist _____ Other
(describe) _____
Updates: _____ Full _____ Partial _____ Year updates done _____

Utilities

Heat: _____ Forced Air _____ Boiler _____ Electric _____ Other
(describe) _____
Fuel: _____ Gas _____ Oil _____ Other (describe) _____
If Oil, **please complete the Oil Tank Questionnaire.**
Woodstove _____ Yes _____ No
If wood, **please complete the Solid Fuel Heating Questionnaire.**
Electrical: _____ C/B _____ Fuses _____ Amps
Electrical Updates: _____ Full _____ Partial _____ Year updates done _____
Is there knob and tube wiring? _____ Yes _____ No
Plumbing: _____ Copper _____ Plastic _____ Other (describe) _____
Plumbing Updates: _____ Full _____ Partial _____ Year updates done _____

Protection

Fire: Hydrant within _____ Feet _____ Metres
Fire hall: _____ Fulltime _____ Volunteer _____ Distance from location (kms) _____
Sprinkler System: _____ Yes _____ No _____ Wet _____ Dry _____ % of Building Sprinklered _____
Alarm : _____ Yes _____ No _____ Central _____ Monitored _____ Local _____
Fire Extinguishers: # _____ Type: _____ ABC _____ K (restaurants) _____ Size _____ lbs
Burglar Alarm : _____ Central _____ Monitored _____ Local _____ ULC Approved _____ Yes _____ No
_____ Full Perimeter _____ Partial Perimeter _____ Contacts: _____ All Windows _____ All Doors
_____ Motion Detector _____ Heat Detector _____ Other: _____

Safe

_____ Yes _____ No _____ Class: _____
How often are bank deposits made? _____
By whom? _____
Are all doors fitted with deadbolts? _____ Yes _____ No
Housekeeping: _____ Excellent _____ Good _____ Fair _____ Poor
Physical Condition: _____ Excellent _____ Good _____ Fair _____ Poor
Financial Position of company: _____ Excellent _____ Good _____ Fair _____ Poor
Surrounding Neighbourhood: _____ Excellent _____ Good _____ Fair _____ Poor

LIABILITY INFORMATION

Operations

Full Description of Each Operation	Gross Receipts (including subcontractors)		
	Estimate Next Year	Current Year	Prior Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If Restaurant, Hotel, Motel, Tavern or Club Operation please complete questions further below in this application*

% of Revenues: %U.S. _____ % Foreign _____ Details _____
 Any operations conducted at other owned or leased premises? _____ Yes _____ No
 Any installation or repairs performed away from premises? _____ Yes _____ No If yes,
 describe _____
 Subcontractors? _____ Yes _____ No
 Are "Certificates of Insurance" obtained from all subcontractors? _____ Yes _____ No
 Limit Required: \$ _____
 Employees: # Full time _____ # Part time _____ # Clerical _____
 Payroll \$ _____
 Company Brochures: _____ Attached _____ To Follow
 Current Limit: \$ _____ Occurrence Form _____ Claims Made Form _____
 Current Deductible: \$ _____ PD _____ BI & PD _____ PD (Per Claimant) _____ BI & PD
 (Per Claimant) _____

BOILER & MACHINERY BREAKDOWN INFORMATION

Do you currently carry Machinery Breakdown coverage? _____ Yes _____ No
 Current Insurance Company: _____
Boiler
 Do you have a boiler? _____ Yes _____ No If Yes, please advise _____ Hot Water _____ Steam
 Contact Name for Inspection: _____
 Telephone Number: _____
Air Conditioning
 Do you have a Central Air Conditioning System? _____ Yes _____ No
 If Yes, please advise if _____ HP _____ Tons
 Is there a maintenance contract in force? _____ Yes _____ No
Consequential
 If Consequential Damage coverage is required, please advise
 # of Cold Rooms/Cabinets _____
 What is the Maximum amount stored in any one Cold Room/Cabinet \$ _____

Please ensure the following is completed in full. If not applicable for this location or operation, please indicate same.

Under Renovation Provide full details
 Expected duration of renovation _____
 Provide description of renovations being done? _____
 Is premises occupied during renovation? _____ Yes _____ No
 Who is undertaking renovations? _____ Applicant *If Applicant, please advise experience* _____
 Contractor: If Contractor, do they have a CGL in effect? _____ Yes _____ No
 Is applicant financially sound? _____ Yes _____ No
 Provide details of mortgage amounts, other businesses, etc.

Restaurant/Hotel/Motel/Tavern/Club
 _____ Not Applicable _____ Applicable to Location # _____
 Does the operation include a.) deep frying _____ Yes _____ No
 b.) grilling _____ Yes _____ No
 Is the kitchen equipped with an automatic extinguishing system? _____ Yes _____ No
 The suppression system is _____ Dry _____ Wet
 Does the system cover the entire grilling/deep frying surface? _____ Yes _____ No
 Is there a maintenance agreement in place with a certified service provider? _____ Yes _____ No
 Fire Extinguishers # _____ Type: _____ ABC _____ K (restaurants) _____ Size _____ lbs
 Receipts: Food \$ _____ Liquor \$ _____ Other \$ _____
 Are Bouncers employed or used on premises? _____ Yes _____ No
 If yes, are they licensed? _____ Yes _____ No

COVERAGES AND LIMITS REQUIRED - Use a separate sheet for multiple locations

PROPERTY _____ Not Required

Form
_____ Named Perils _____ Broad Form _____ ACV _____ Replacement Cost

Deductible
\$1,000 _____ \$2,500 _____ Other \$ _____

Limits
Building \$ _____
Contents \$ _____
Stock \$ _____
Equipment \$ _____
Business Income \$ _____
Ordinary Payroll "25% of business income limit" **OR**
Extra Expense \$ _____
Rental Income \$ _____
Accounts Receivable \$ _____
Contractor's Equipment Form attach schedule \$ _____
Miscellaneous Form attach schedule \$ _____
Office Contents \$ _____
Sign Form \$ _____
Tool Floater attach schedule of items over \$1,000 \$ _____
Valuable Papers \$ _____

CRIME _____ Not Required

Deductible
\$1,000 _____ \$2,500 _____ Other \$ _____

Inside/Outside Burglary \$ _____
Damage to Building by Burglary or Robbery \$ _____
Stock Burglary \$ _____
Safe Burglary \$ _____

LIABILITY _____ Not Required

Form
_____ Occurrence _____ Claims Made

Deductible
\$1,000 _____ \$2,500 _____ Other \$ _____

_____ Property Damage _____ Bodily Injury & Property Damage _____ Other:

Limit
Commercial General \$ _____; or
OL&T \$ _____

Additional Coverage

Tenants Legal \$ _____

MACHINERY BREAKDOWN _____ Not Required

Deductible

\$2,500 _____ Other \$ _____

Direct Damage \$ _____

Business Income (available only if provided in Section 1 – Property) \$ _____

Ordinary Payroll - 90 Consecutive Days

Rental Income \$ _____

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued by TCB Underwriters Ltd.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.

Signature of the Applicant: _____

Dated: _____

Print full Name and Title / Position: _____

BROKER NAME: _____

BROKERAGE NAME: _____

BROKERAGE ADDRESS: _____

BROKER PHONE NUMBER: _____

BROKER FAX NUMBER: _____

BROKER EMAIL: _____