



**INSURANCE APPLICATION**  
(Property, Equipment Breakdown and Crime)

Broker: \_\_\_\_\_ Contact Person \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Insured: \_\_\_\_\_

Contact For Inspection: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Principal(s):  
\_\_\_\_\_  
\_\_\_\_\_

Business Operations:  
\_\_\_\_\_  
\_\_\_\_\_

Website Address: \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage? Yes  No

If yes, provide details:  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

Risk Location Address:  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

(For each additional location, use another Application)

Describe any insured and uninsured **losses** having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RISK DETAILS**

**Select the Construction Class, which best describes your building at Location #1:**

<input type="checkbox"/> Fire Resistive	(Walls, floors, roof and supports of solid masonry)
<input type="checkbox"/> Masonry, Non-Combustible	(Walls of masonry; floors and roof of masonry or engineered non-combustible materials, supported by protected steel)
<input type="checkbox"/> Non-Combustible	(walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)
<input type="checkbox"/> Masonry (including Mill)	(Walls of <b>greater</b> than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal)
<input type="checkbox"/> Masonry Veneer	(Walls of <b>less</b> than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)
<input type="checkbox"/> Frame	(walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material)

**Select the distance between your building and the nearest Municipal Fire Hydrant:**

Within 500 feet       Between 500 and 1000 feet       over 1000 feet

Year built: \_\_\_\_\_

Height of building: \_\_\_\_\_ Grade Floor Area: \_\_\_\_\_  Sq. feet  Sq. meters

Heating type: \_\_\_\_\_

Air Conditioning type: \_\_\_\_\_ % of area air -conditioned \_\_\_\_\_

Is there a centrally monitored smoke or fire detection system that covers 100% of your facility? Yes  No

Does your building have a ULC Automatic Fire Extinguishing system? Yes  No

If yes, what percent of the total internal area does the system protect? \_\_\_\_\_ %

Is the system monitored off-site by a ULC monitoring company? Yes  No

Has the system been independently tested within the past 12 months? Yes  No

Is smoking permitted in the building? Yes  No  If so, is it confined to a separate area? Yes  No

**Manufacturing Process:** Does your manufacturing process involve the following:

Metal Cutting/Grinding or Plastics operations? Yes  No

If yes, describe: \_\_\_\_\_

Welding/Brazing Yes  No  If yes, 1) is this done in a separate cut-off area? Yes  No  and 2) where are the compressed gas cylinders stored? \_\_\_\_\_

Spray Painting Yes  No  If yes, is this done in a separate cut-off area? Yes  No

Do you have a formalized maintenance program in place? Yes  No

Do you have a formalized safety program in place? Yes  No

**Flammable/ Combustible Liquids and Storage Tanks:**

What liquids do you use and how much do you store on your premises? \_\_\_\_\_

Do you have a separate cut-off area or external storage building for your flammable and combustible liquids? Yes  No

Do you use or maintain any pyrophoric materials (those that are capable of spontaneous combustion in the presence of air) including, but not limited to silane and phosphine? Yes  No

If "Yes", please describe quantities, location, use and special protection precautions:

Do you have external storage tanks? Yes  No

If yes, how many are above ground? \_\_\_\_\_ below ground? \_\_\_\_\_

What do these tanks contain (contents and capacity)?

Are all above ground tanks 1) dyked Yes  No  and 2) protected from vehicle impact? Yes  No

### Special Operations and Contents:

Do you maintain any amounts of Memory Chip and Modules including but not limited to: DRAMs, SRAMs, SDRAMs, EDRAMs, SIMMs, DIMMs, Or Compact Flash, Secure Digital, Smart Media Cards OR Hard Drives? Yes  No

If Yes, please describe, quantity, type and dollar value of same (include maximum and average values on hand at any given time per location):

Do you maintain any Clean Room or similar operation that is rated to Class 10,000 or cleaner? Yes  No

If Yes, please describe size of each and every clean room area, Class rating and operations in those areas:

Do you engage in any heat treating, dip tank, etching, annealing, or wet-bench processes? Yes  No

If yes, please describe:

Not including Electro-Static Discharge, do you maintain any temperature, humidity, pressure or other controlled environment processes or areas (including but not limited to ovens, tanks, burn-in and other operations not elsewhere described on this application) Yes  No

If yes, please describe:

### Transportation

Based on the past twelve months, provide a split on the modes of transportation that you used for shipping your products.

Land \_\_\_\_\_ % Air \_\_\_\_\_ % Water \_\_\_\_\_ %

Within Canada \_\_\_\_\_ % To the United States \_\_\_\_\_ % Other Countries \_\_\_\_\_ %

List of countries:

Do you use common carriers for your shipments? Yes  No

Do you deliver your product using your own vehicles? Yes  No

If yes, please answer the following four questions:

What is the frequency of your shipments? \_\_\_\_\_

What is the value of, and the distance traveled, on an average shipment?

Value \_\_\_\_\_ Distance Traveled \_\_\_\_\_

Do you have a fleet safety program in place? Yes  No

How often do you check the driving record of your drivers? \_\_\_\_\_

**Business Interruption:**

Is any or all of your production machinery custom- made or imported? Yes  No

If yes, please advise where it is made and how long it would take to be replaced:

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Do you have a peak season for production of your products? Yes  No

If yes, when would this increased production time occur?

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Do you have a Research and Development business unit? Yes  No

If yes, how many personnel do you employ for this activity?

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How often do you back-up your Accounts Receivable data? \_\_\_\_\_

Are the back-ups stored off-site? Yes  No

Do you have a formalized disaster recovery plan in place? Yes  No

**Contingent Business Income** - In the event of the interruption of business for a supplier of raw materials or components used in your manufacturing process, do you have alternate suppliers that can be utilized? Yes  No

If no, please provide the name and address of your key supplier:

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What percentage of your sales would be dependent on that key supplier being operational? \_\_\_\_\_ %

Address(es) of the key supplier(s):

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Should your key supplier(s) suffer a major business interruption loss, what is the anticipated length of time required before they would be fully operational?

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Do you have a business continuation plan should your key supplier be non-operational?

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Do you have more than one or two distributors/vendors of your products?

Yes  No

If no, please provide the name of your distributor(s)/vendor(s):

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Have your suffered an interruption of your business due to a physical damage loss to either a supplier or distributor within the last five years?

Yes  No

If yes, please provide details:

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### Equipment Breakdown:

Do you have spare parts for the major parts of your machinery?

Yes  No

Do you have nearby/available repair facilities in the event of a breakdown of equipment?

Yes  No

If no, where would the nearest facilities be?

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In the event of an interruption of business resulting from Equipment Breakdown, how would you minimize the downtime? e.g. overtime, inventory, using third party facilities, outsourcing, etc

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### Information Technology Network & Facility Management - Security:

Do you have someone responsible for data/network security within your firm?

Yes  No

If yes, Title: \_\_\_\_\_

Do you state that your network is secure?

Yes  No

If yes, to what extent?

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Describe firewalls used to prevent unauthorized access from computer systems and both internal & external networks:

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Do you authenticate remote users prior to allowing them to connect to private or dedicated lines, VPN's, computer systems, or internal networks?

Yes  No

Do you have internal data security that is protected with a password?

Yes  No

Is all sensitive information stored on your network encrypted?

Yes  No

Is all sensitive business, consumer, and employee information transmitted via your network, internally and/or externally, encrypted?

Yes  No

Describe encryption used to secure data and information:

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Are virus and access information tools used on all desktops and connected devices?

Yes  No

Do you have a formal patch management process in place?

Yes  No

Are your mission critical systems backed-up and recovery procedures documented and in-place?

Yes  No

Do you monitor your network and computer systems?

Yes  No

Are all employees provided with your systems security policy manual? Yes  No

If yes, are they required to provide written confirmation acknowledging that they have read and understand the security policy? Yes  No

Do employee termination procedures include immediate revocation of all assets, facility access, and system/network access? Yes  No

Does your network redundancy and availability loss prevention include the following (please check all that apply):

Automatic virus detection operating over your entire network	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Denial of service attack protection procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Network monitoring with automatic response	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you experienced an incident that involved unauthorized access? Yes  No

If yes, provide details:

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What steps have you taken to prevent it from occurring again?

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**Money and Securities/Fidelity/Intrusion:**

How many employees do you have on payroll? \_\_\_\_\_

How many of those employees would routinely handle money? \_\_\_\_\_

Do you require countersignature of cheques in excess of \$2,500? Yes  No

How often do you reconcile your bank accounts? \_\_\_\_\_

Do you have an annual audit performed by an external accounting firm? Yes  No

Have you had any incidents with hackers or viruses on your computer systems? Yes  No

If yes, please provide details and include preventive measures that have been implemented:

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Does your premises have an ULC monitored intrusion alarm system? Yes  No

If yes, what company provides the monitoring service?

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Do all doors have deadbolts and locking bars? Yes  No

How are your apertures (windows, skylights) protected from intrusion?

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**Coverage Requirements:**

(State the Amount Of Insurance You Require For the Following Property/Crime Coverages)

**Basic Coverages:**

Deductible:  \$2,500  \$5,000  \$10,000 Other \_\_\_\_\_

Do you require the direct damage coverage to be written as Property of Every Description or Contents of Every Description? Yes  No

If yes, please provide the split of values in the table below.

Item	Amount of Insurance
Building	
Equipment	
Electronic Data Processing Equipment (Computers-Desktop and Mobile)	
Stock	
Research and Development Property	
Profits (Attach completed and attested Intellect Profits Statement of Values)	

List all mortgage holders and/or loss payees for this location and include their mailing addresses:

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Indicate any property or business interruption extensions of coverage that require higher limits:

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Crime – Comprehensive Plus Form \$10,000 per Insuring Agreement or state higher limit required \_\_\_\_\_

**Optional Coverages**

<input type="checkbox"/> Stated Amount Coinsurance Clause	(Submit a Signed Statement of Values)
<input type="checkbox"/> Sewer Back-up	
<input type="checkbox"/> Flood - Deductible as per Company Guidelines	
<input type="checkbox"/> Earthquake - Deductible as per Company Guidelines	

**PROFITS STATEMENT OF VALUES**

ALL ENTRIES ARE TO BE ON AN ANNUAL BASIS	Last Financial Year	Estimated for next Financial Year <sup>3</sup>
<b>NET PROFIT (before taxes)</b> Plus Insured Standing Charges <sup>0</sup>		
01. Advertising 02. Audit and/or legal fees (excluding fees incurred in preparing a claim under this policy) 03. Depreciation of buildings, plant machinery, general equipment 04. Directors Fees 05. Donations 06. Insurance Premiums 07. Interest on Mortgages, Loans, Debentures and Bonds 08. Lighting, heating and power 09. Local Office or Branch expenses 10. Plant/Machinery Maintenance 11. Printing, Stationery and Postage 12. Rents payable 13. Royalties (not based on sales) 14. Salaries <sup>1</sup> 15. Services Under Contract 16. Subscriptions 17. Taxes 18. Telecommunications (phone, internet, fax) 19. Travel ExpenseS 20. Upkeep Automobiles 21. 22. 23. 24. 25. Miscellaneous Standing Charges (not to exceed 5% of the above listed charges)  <p align="right"><b>Total</b></p>		
Indemnity Period <sup>2</sup> : <input type="checkbox"/> 12 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months	Amount of Insurance (12 Month Amt x 1.5) = (12 Month Amt x 2.0) =	

I hereby certify that the above statement of Actual Value for the Last Financial year is true and correct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Official Title: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTES FOR THE INTELLECT PROFITS STATEMENT OF VALUES

### <sup>0</sup> Insured Standing Charges:

A Standing Charge is an item or expense which in the event of a total interruption would not be eliminated, or in the event of a partial interruption would not be reduced in proportion to the reduced earnings. The Intellect Profits Form insures all standing charges except 1) depreciation of stock and 2) bad debts. The Form also covers for the standing charges associated with any research and development activities.

### <sup>1</sup> Salaries:

The Intellect Profits Form insures all salaries. The amount recorded on the statement needs to include officers, executives, and all other personnel.

### <sup>2</sup> Period of Indemnity:

The Period of Indemnity is the amount of time to restore the physical assets of the business after a loss plus the time to regain a normal level of turnover subject to a maximum number of months. It is expressed in terms of consecutive months beginning after the date of loss. It is normally declared to be 12 months, however the Intellect Profits Form allows up to 24 months of coverage. When the Period of Indemnity is extended the Amount of Insurance must be proportionately increased.

### <sup>3</sup> Estimated Valued for the Next Financial Year:

It is important to factor in anticipated trends, for your business operations for the Period of Indemnity that you specify. Also bear in mind, that a loss could occur towards the end of the policy annual term, and therefore, it is necessary to anticipate that your computation should reflect your business operations a year beyond the specified Period of Indemnity.