



# Metallic - Application

(Property, Equipment Breakdown and Crime)

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

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

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

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

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

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

Website Address (if applicable): \_\_\_\_\_

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 App and complete Page 2, 3 and "Basic Coverages" on Page 4)

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:**

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

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

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

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

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

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

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 and Grinding Yes  No  If yes, describe your dust collection system/practices:

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

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:**

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

**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 \_\_\_\_\_

Do you have a peak season for production of your products? Yes  No  If yes, when would this increased production time occur? \_\_\_\_\_

Do you have a Research and Development business unit? Yes  No  How many personnel do you employ for this activity? \_\_\_\_\_

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

Do you have more than one or two distributors/vendors of your products? Yes  No

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

**Equipment Breakdown:** (Complete if this coverage is being requested)

Do you have any CNC machines including laser or plasma cutters? Yes  No  If yes, please advise value of each machine \_\_\_\_\_

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? \_\_\_\_\_

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

**Crime:**

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 \_\_\_\_\_

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

Please describe your Burglar Alarm System: \_\_\_\_\_

\_\_\_\_\_

Is it ULC certified? Yes  No

Is it monitored, then name the monitoring company: \_\_\_\_\_

Please describe any addition protection(e.g. fences, floodlights, bars on windows, etc.) \_\_\_\_\_

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

**COVERAGE REQUIREMENTS:**

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

**Basic Coverages:**

ITEM	AMOUNT OF INSURANCE
Building	_____
Equipment	_____
Contents; or	_____
Contents of Every Description; or	_____
Property of Every Description	_____
Profits Plus	_____
(Attach completed and attested Metallic Profits Plus Statement of Values)	_____

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

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

Crime - Comprehensive Plus Form \$7,500 per Insuring Agreement or state higher limit required

\_\_\_\_\_

**Optional Coverages:**

(Select Any of the Following Optional Coverages You Require)

EXTENSIONS (limit as shown or enter higher limit as required)

- Temporary Locations - \$100,000 or
- Newly Acquired Location - \$1,000,000 or
- On Exhibition - \$1,000,000 or
- Other Transit - \$250,000 or
- In Custody of Sales Representative - \$25,000 or

**AMOUNT OF INSURANCE REQUIRED:**

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

- Stated Amount Coinsurance Clause (Submit a Signed Statement of Values)
- Sewer Back-up
- Flood - Deductible as per Company Guidelines
- Earthquake - Deductible as per Company Guidelines
- Equipment Breakdown