

Application for

# OFFICEBLOCK

We recommend that you complete this application with the assistance of your Sovereign Broker

Broker \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Insured's Name \_\_\_\_\_

Contact for Inspection \_\_\_\_\_ Telephone \_\_\_\_\_

Name(s) of principal(s) \_\_\_\_\_

Number of years in business \_\_\_\_\_

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

If "Yes", describe in detail: \_\_\_\_\_

Insured's Mailing Address \_\_\_\_\_

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

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

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

(Complete separate application for each building)

If building is professionally managed, name of company \_\_\_\_\_

What percentage of your total floor area is occupied by mercantile occupancies? \_\_\_\_\_ and/or government offices? \_\_\_\_\_

What is your projected **Full Rental Income** for the next 12 months? \_\_\_\_\_

**Select the construction class which best describes the building you own or occupy:**

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

**Select the distance between the building you own or occupy and the nearest Municipal Fire Hydrant:**

- (within 500 feet)
- (between 500 and 1000 feet)
- (over 1000 feet)

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

How many of your employees regularly handle or have custody of money or securities? \_\_\_\_\_

Do you have a parking lot / parkade which accommodates more than 10 vehicles? Yes  No

Do you use outside, contracted, maintenance services? (i.e. snow / ice removal, interior cleaning) Yes  No

If yes, do you obtain evidence of insurance from them? Yes  No

Describe any insured and uninsured **losses** having occurred in the past 3 years and state the date and value of each loss, before the deductible (if any) was applied:

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

**COVERAGE REQUIREMENTS**

Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

(State the amount of insurance you require for the following Property Coverages)

**BASIC COVERAGES**

(Minimum Policy Deductible: \$1,000)

Building and Related Equipment \_\_\_\_\_

Office Contents \_\_\_\_\_

**AMOUNT INSURED**

Coverage Item

Name of current lienholders and mortgagees, by coverage item

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

**SELECT ANY OF THE FOLLOWING OPTIONAL COVERAGES YOU REQUIRE**

- Stated Amount Coinsurance Clause (Values require verification)
- Sewer Back-up - \$2,500 Minimum Deductible (Building and Contents Limit Applies)
- Flood - Deductible as per Company Guidelines (Building and Contents Limit Applies)
- Earthquake - Deductible as per Company Guidelines (Building and Contents Limit Applies)

**HIGHER LIMITS**

Crime \$ \_\_\_\_\_

Liability \$ \_\_\_\_\_

**OPTIONAL DEDUCTIBLE \$** \_\_\_\_\_