



MB, SK, BC, NU, PQ	ON, NB, NS	AB
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## SUPPLEMENTARY LOCATION

<b>NAME OF BROKERAGE:</b>	
<b>NAME OF THE INSURED:</b>	
<b>DESCRIPTION OF OPERATIONS:</b>	
<b>PHYSICAL ADDRESS OF RISK:</b>	
<b>Photos Attached:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CONSTRUCTION:</b>	
<b>Height:</b> _____ <b>Stories:</b> _____ <b>Basement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Housekeeping:</b> _____	
<b>WALLS:</b> <input type="checkbox"/> Brick <input type="checkbox"/> Concrete Block <input type="checkbox"/> Steel <input type="checkbox"/> Frame <input type="checkbox"/> Reinforced Concrete <b>Other:</b> _____	
<b>ROOF:</b> Decking - <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <b>Other:</b> _____	
Surface <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Patent <input type="checkbox"/> Metal <b>Other:</b> _____	
<b>FLOORS:</b> <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <b>Other:</b> _____	
<b>AREA:</b> Grade _____ Sq. Ft. <b>Age:</b> _____	
<b>Updates:</b> Electrical _____ Plumbing: _____ Heating: _____ Roof: _____	
<b>ELEVATORS / CHUTES:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Number</b> _____ <b>Type</b> _____	
<b>COMMON HAZARDS:</b>	
<b>HEATING:</b> <input type="checkbox"/> HW <input type="checkbox"/> HA <input type="checkbox"/> Steam <b>CHIMNEY:</b> <input type="checkbox"/> Metal <input type="checkbox"/> Conc. Block <input type="checkbox"/> Brick <input type="checkbox"/> Lined	
<b>FUEL:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood/Coal <b>WIRING:</b> <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers Copper <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SPECIAL HAZARDS</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes Specify:</b> <input type="checkbox"/> Woodworker <input type="checkbox"/> Plastics <input type="checkbox"/> Flammable <input type="checkbox"/> Liquids <input type="checkbox"/> Welding	
<input type="checkbox"/> Vulcanizing <input type="checkbox"/> Cooking <input type="checkbox"/> Spray Painting	
<input type="checkbox"/> Other Details: _____	
<b>EXPOSURES:</b>	
N _____ (feet to) <b>Stys:</b> _____ <b>Constn:</b> _____ <b>Occ:</b> _____	
S _____ (feet to) <b>Stys:</b> _____ <b>Constn:</b> _____ <b>Occ:</b> _____	
E _____ (feet to) <b>Stys:</b> _____ <b>Constn:</b> _____ <b>Occ:</b> _____	
W _____ (feet to) <b>Stys:</b> _____ <b>Constn:</b> _____ <b>Occ:</b> _____	

**PROTECTION:**

**HAND EXTINGUISHERS:**  Yes  No    **HYDRANTS:**  Yes  No    Within 1000 Feet :  Yes  No

**FIRE DEPT.:**  Full  Volunteer  None    **AUTO CO2:**  Yes  No

Maintenance Contract  Yes  No    Distance to Fire hall \_\_\_\_\_

**AUTOMATIC SPRINKLERS:**  Yes  No  Wet  Dry

**ALARM**  Local  Central Station  Both  None

Installation Date: \_\_\_\_\_  Monitoring Station

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**BURGLARY:**

**EXTERIOR OPENINGS:** Windows:  Barred  Screened    Doors Deadbolt:  Yes  No

**BURGLAR ALARM SYSTEM:**  Yes  No    ULC Approved  Yes  No

Protection:  Partial  Complete

**Protects:**  Premises  Safe  Vault - Make/Installation Co. \_\_\_\_\_

**Alarm:**  Local  Central Station  Police  Monitoring Station

**Safe/ Vault:**  ULC Listed    Class \_\_\_\_\_

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<b>Glass Dimensions:</b>			
<b>Signs:</b>			
<b>DESCRIPTION OF EQUIPMENT:</b>			
<b>DESCRIPTION OF STOCK:</b>			
<b>EDP:</b>	Hardware		Software
<b>Off-Premises Exposure:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Participation in trade shows or exhibitions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Transit / Cargo required:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>BOILER &amp; MACHINERY:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete Electrical & Machinery Breakdown Application		
<b>MORTGAGEES &amp; LOSS PAYABLE:</b>			
<b>Recommendations / Comments</b>			