



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