

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 \$ _____