



## BUSINESS OFFICE PACKAGE: QUALIFYING RISKS AND COVERAGE REQUIREMENTS/AVAILABILITY

For purposes of the *Insurance Companies Act (Canada)*, this document was issued in the course of St. Paul Fire and Marine Insurance Company's insurance business in Canada.

### QUALIFYING RISKS

Only those accounts exhibiting the risk characteristics outlined below are eligible for coverage under the business office package:

- ❖ The Insured has current Errors and Omissions Liability coverage written through Travelers Guarantee Company of Canada.
- ❖ The risk falls into one of the following classes:
 

→ Arbitrators/Mediators	→ Insurance Claims Adjusters	→ Town Planners
→ Auctioneers	→ Management Accountants	→ Translators
→ Bookkeepers	→ Management Consultants	→ Travel Agents
→ Employee Benefits Consultants	→ Property Appraisers	
- ❖ There are no insured locations outside Canada (risk may still qualify – refer to your Travelers underwriter).
- ❖ Business is conducted from well-maintained leased office premises with adequate fire protection and security.
- ❖ Risk includes no more than five (5) insured locations and building coverage is not required.
- ❖ The total number of employees does not exceed twenty (20).
- ❖ The following **minimum** coverage is purchased:
  - Commercial Property: Business Contents
  - Commercial General Liability: Minimum limit of \$1,000,000 all coverage sections except Medical Expenses.

### COVERAGE REQUIREMENTS/AVAILABILITY

**Maximum limits, minimum deductibles.** The following are the maximum limits of coverage and minimum deductibles available under this package:

Coverage Description	Maximum Limit(s)	Minimum Deductible(s)
Commercial Property	Business Contents: \$500,000 at any one insured location.  Additional Benefits: See Additional Benefits Summary for maximum available limits of coverage.  Optional Coverage - Portable Electronic Devices: Each Event and Each Item limits of coverage as required.	Sewer Backup: \$ 2,500 Flood: \$25,000 Earthquake: \$50,000 All Other Perils: \$ 1,000  Optional Coverage - Portable Electronic Devices: \$1,000
Commercial General Liability (occurrence basis) - Bodily Injury and Property Damage Liability - Medical Expenses - Tenants' Legal Liability - Personal Injury Liability - Advertising Injury Liability	\$5,000,000 all coverage sections except Medical Expenses.  ➤ Medical Expenses: \$10,000  Optional Coverage - Employers' Liability*: \$5,000,000 Each Person/Each Event  * Includes Voluntary Compensation benefits when optional coverage purchased.	Bodily Injury and Property Damage Each Event: \$1,000
Non-Owned Automobile Liability	\$5,000,000 Any One Accident	No deductible applies.
Non-Owned Automobile Physical Damage	All Perils: \$50,000 Any One Accident	All Perils: \$1,000

**COMMERCIAL PROPERTY: ADDITIONAL BENEFITS SUMMARY**

Description	Included Limit	Maximum Available Limit
Accounts Receivable	\$25,000	\$25,000
Data and Records Restoration Costs	\$25,000	\$25,000
Debris Removal	\$10,000	\$50,000
Employee Dishonesty	\$5,000	\$10,000
Expediting Expenses	\$5,000	\$5,000
Extra Expense	\$25,000	\$100,000
Fine Arts	\$10,000	\$10,000
Fire Department Service Charges	\$5,000	\$5,000
Fire Protective Equipment	\$5,000	\$5,000
Forgery or Alteration	\$5,000	\$5,000
Hacking Event or Computer Virus Attack	\$5,000*	\$5,000*
Inventory or Appraisals, Professional Fees	\$10,000	\$10,000
Money and Securities – Inside	\$2,500	\$5,000
Money and Securities – Outside	\$2,500	\$5,000
Newly Acquired Property/Locations	\$25,000	\$100,000
Off Premises Utility Failure	\$5,000	\$5,000
Personal Belongings	\$5,000	\$5,000
Product Samples	\$5,000	\$5,000
Rewards	\$5,000	\$5,000
Transit (worldwide) <b>Note:</b> Does not cover portable electronic devices.	\$5,000	\$5,000
Unnamed Locations (worldwide) <b>Note:</b> Does not cover portable electronic devices.	\$5,000	\$5,000

Limits apply to 'Each Event' and are subject to deductible amount(s).

\*Indicates 'Aggregate' Limit applies.

# BUSINESS OFFICE PACKAGE: APPLICATION FOR COVERAGE

This Application For Coverage shall not constitute a binder or obligate Travelers Guarantee Company of Canada to provide coverage, but it is agreed that this Application For Coverage shall be the basis upon which a Policy may be issued.

**IMPORTANT NOTES:** For purposes of the *Insurance Companies Act (Canada)*, this document was issued in the course of St. Paul Fire and Marine Insurance Company's insurance business in Canada.

Please complete in full. If additional space is needed to properly address certain questions, please attach additional sheets on your letterhead with the details. 'X' indicates applicable.

## IDENTIFICATION

1. **Named Insured(s):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. **Errors and Omissions Policy Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

## LOCATION DETAILS ('X' indicates applicable)

1. **Insured Location(s):**  
**Location 1:**  Same as mailing address; or \_\_\_\_\_  
**Location 2:** \_\_\_\_\_  
**Location 3:** \_\_\_\_\_  
**Location 4:** \_\_\_\_\_  
**Location 5:** \_\_\_\_\_

### 2. Building Details:

Location	Fire Resistive	Non-Combustible	Brick Joist	Combustible	# Storeys	Area Occupied (square metres)	Basement Level?	Year Built
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	

3. **Does any insured location contain hazardous occupancies (i.e.: manufacturing, processing, repair of vehicles or equipment, cooking, spray painting or welding)?** *If "Yes", describe below:*  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

### 4. Fire Protection Details:

TYPE	PUBLIC PROTECTION		PRIVATE PROTECTION				
	Hydrant within 300 Metres	Fire Department within 8 km	Fire Alarm (Local)	Fire Alarm (Central Station)	Full Sprinkler Protection	Partial Sprinkler Protection	Sprinkler system alarm connected to 24-hour monitoring station?
Location							
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes

**5. Building/Premises Security**

Provide details of building/premises security measures. Include such items as burglar alarms, controlled building access, guards and any special protection of money, securities and portable electronic devices.

**Location 1:** \_\_\_\_\_

\_\_\_\_\_

**Location 2:** \_\_\_\_\_

\_\_\_\_\_

**Location 3:** \_\_\_\_\_

\_\_\_\_\_

**Location 4:** \_\_\_\_\_

\_\_\_\_\_

**Location 5:** \_\_\_\_\_

\_\_\_\_\_

**REQUESTED COVERAGE/LIMITS ('X' indicates applicable)**

**COMMERCIAL PROPERTY PROTECTION**

**1. Business Contents:**

Location	Requested Limit
1	
2	
3	
4	
5	

See 'COVERAGE REQUIREMENTS/AVAILABILITY' for maximum limits and minimum deductibles.

**2. Additional Benefits – Increased Limits:**

Indicate whether an increased limit is required for the following described additional benefits:

Description	Included Limit	Maximum Limit	Required Limit
<input type="checkbox"/> Debris Removal	\$10,000	\$50,000	
<input type="checkbox"/> Employee Dishonesty	\$5,000	\$10,000	
<input type="checkbox"/> Extra Expense	\$25,000	\$100,000	
<input type="checkbox"/> Money and Securities - Inside	\$2,500	\$5,000	
<input type="checkbox"/> Money and Securities - Outside	\$2,500	\$5,000	
<input type="checkbox"/> Newly Acquired Property/Locations	\$25,000	\$100,000	

**3. Is off premises coverage required for Portable Electronic Devices?**

Yes  No

*If "Yes", please indicate the following:*

a. Total number of Portable Electronic Devices: \_\_\_\_\_

b. Average Value – Any One Item: \_\_\_\_\_

c. Maximum Value – Any One Item: \_\_\_\_\_

**Note:** The Each Item Limit caps the amount that will be paid for loss or damage to a single Portable Electronic Device.

d. Each Event Limit Required: \_\_\_\_\_

**Note:** The Each Event Limit caps the amount that will be paid for loss or damage to more than one Portable Electronic Device in any one event.

**COMMERCIAL GENERAL LIABILITY PROTECTION (occurrence basis)**

1. Limit of coverage required (all coverage sections except Medical Expenses and Tenants' Legal Liability):  
 \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000 (maximum)  
Medical Expenses Limit: \$10,000 (maximum)
2. Tenants' Legal Liability limit of coverage required:  
 \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000 (maximum)

**OPTIONAL COVERAGE: EMPLOYERS' LIABILITY**

1. Is Employers' Liability\* coverage required?  Yes  No Number of Clerical Office Employees: \_\_\_\_\_  
*If "Yes", indicate limit of coverage required:*  
 \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000 (maximum)  
\*Clerical office employees only. Includes Voluntary Compensation Benefits when optional coverage purchased.

**REQUESTED COVERAGE/LIMITS ('X' indicates applicable)**

**OPTIONAL COVERAGE: NON-OWNED AUTOMOBILE**

1. Is Non-Owned Automobile coverage required?  Yes  No  
*If "Yes", indicate Liability limit of coverage required:*  
 \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000 (maximum)
2. Is coverage required for physical damage to non-owned automobiles?  Yes  No  
*If "Yes", indicate All Perils limit of coverage required:*  
 \$30,000  \$35,000  \$40,000  \$45,000  \$50,000 (maximum)

**LOSS PAYEES**

Provide names and addresses of any loss payees and describe their interest:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**CURRENT POLICY INFORMATION ('X' indicates applicable)**

1. Is the Applicant currently insured under a Commercial Property policy?  Yes  No  
*If "Yes", please complete the following:*  
Insurer & Policy Number: \_\_\_\_\_  
Policy Period: \_\_\_\_\_ Premium: \_\_\_\_\_
2. Is the Applicant currently insured under a Commercial General Liability policy?  Yes  No  
*If "Yes", please complete the following:*  
Insurer & Policy Number: \_\_\_\_\_  
Policy Period: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_  
Premium: \_\_\_\_\_

**PRIOR LOSSES**

Please provide details of all paid or outstanding losses over the past five (5) years.

Date of Loss	Description	Total Amount Paid or Outstanding

**ADDITIONAL COMMENTS**

---



---



---



---



---



---

**DECLARATIONS AND PRIVACY STATEMENT**

**This Application For Coverage is not a representation that coverage does or does not exist for a particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers Guarantee Company of Canada. Whether coverage exists or does not exist for a particular claim or loss under such policy depends on the facts and circumstances involved in the claim or loss and the applicable policy wording.**

The undersigned is an authorized representative of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Where information has been provided about an individual(s), the undersigned confirms he or she has consent to disclose that information. The undersigned acknowledges that without this consent and his or her confirmation of consent, Travelers Guarantee Company of Canada would not be able to consider this Application For Coverage.

It is agreed that we may collect information about individuals in the course of considering this Application For Coverage and if we issue a policy, we may collect personal information in the course of conducting our relationship with you. Such personal information will be processed for the purpose of underwriting your coverage, managing any policy issued, providing risk management advice and administering claims. We may pass such information on to our reinsurers, legal advisors, loss adjusters or agents for these and other purposes associated with such activities.

Signing this Application For Coverage shall not constitute a binder or obligate Travelers Guarantee Company of Canada to provide coverage, but it is agreed that this Application For Coverage shall be the basis upon which a Policy may be issued.

**Applicant's Signature**

**Title**

**Date**

\_\_\_\_\_  
**Broker/Agent Signature**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Date**