

SUPPLEMENTARY LOCATION

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

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

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 _____

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