

## PACKAGE POLICY – NEW SUBMISSION

<b>NAME OF BROKERAGE:</b>			
<b>Mailing Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>		<b>Web Site:</b>	
<b>NAME OF THE INSURED:</b>			
<b>Mailing Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>		<b>Web Site:</b>	
<b>Contact Name:</b>			
<b>PRINCIPALS NAME:</b>			
<b>Experience in this company:</b>		<b>Prior Experience :</b>	
<b>Date business established:</b>			
<b>DESCRIPTION OF OPERATIONS:</b>			
<b>FORM OF BUSINESS:</b>			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP or LIMITED LIABILITY PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> TRUST
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)		
<b>Who are insured's customers &amp; where are they located?</b>			
<b>PHYSICAL ADDRESS OF RISK:</b>		<b>Location 1:</b>	
ALL PREMISES YOU OWN, RENT OR OCCUPY			
<b>For Additional Locations Please Complete An Additional Locations Application</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> _____			

**WALLS:**  Brick  Concrete Block  Steel  Frame  Reinforced Concrete Other: \_\_\_\_\_

**ROOF:** Decking -  Wood  Steel  Concrete Other: \_\_\_\_\_

Surface  Wood Shingles  Patent  Metal Other: \_\_\_\_\_

**FLOORS:**  Wood  Concrete Other: \_\_\_\_\_

**AREA:** Grade \_\_\_\_\_ Sq. Ft. Age: \_\_\_\_\_

**Updates:** Electrical \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Roof: \_\_\_\_\_

**ELEVATORS / CHUTES:**  Yes  No Number \_\_\_\_\_ Type \_\_\_\_\_

**COMMON HAZARDS:**

**HEATING:**  HW  HA  Steam **CHIMNEY:**  Metal  Conc. Block  Brick  Lined

**FUEL:**  Gas  Oil  Electric  Wood/Coal **WIRING:**  Fuses  Circuit Breakers Copper  Yes  No

**SPECIAL HAZARDS**

Yes  No If Yes Specify:  Woodworker  Plastics  Flammable  Liquids  Welding  
 Vulcanizing  Cooking  Spray Painting  
 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

<b>Safe/ Vault:</b> <input type="checkbox"/> ULC Listed Class _____			
<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>Gross Sales:</b>	\$	<b>Sub-Contracted Sales:</b>	\$
<b>Installation Sales:</b>	\$	<b>Annual payroll:</b>	\$
<b>Number of employees:</b>	_____ FT _____ PT	<b>Own Auto use by employees:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CLAIMS / LOSSES:</b>			
<b>Last 5 Years &amp; Amount Paid</b>			
<b>MORTGAGEES &amp; LOSS PAYABLE:</b>			
<b>CURRENT INSURANCE INFO:</b>	Insurance Company: Policy Number _____ Expiry Date _____:		
<b>Has Insured ever been declined, canceled or refused renewal?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give full details.			
<b>General Comments:</b>			
<b>Date Required:</b>		<b>Premium Required:</b>	\$
<b>Recommendations / Comments</b>			

## COVERAGES REQUIRED

### PROPERTY

<i>Description</i>	<i>Type</i>	<i>Co-Ins.</i>	<i>Deductible</i>	<i>Value</i>	<i>Rate</i>	<i>Premium</i>
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$

### MISCELLANEOUS

<i>Description</i>	<i>Type</i>	<i>Value</i>	<i>Rate</i>	<i>Premium</i>
				\$
				\$
				\$
				\$

### BUSINESS INTERRUPTION

<i>Description</i>	<i>Type</i>	<i>Co-Ins.</i>	<i>Deductible</i>	<i>Value</i>	<i>Rate</i>	<i>Premium</i>

### LIABILITY

<i>Description</i>	<i>Type</i>	<i>Deductible</i>	<i>Limits</i>	<i>Rate</i>	<i>Premium</i>
CGL / OLT	<input type="checkbox"/> CGL  <input type="checkbox"/> OL&T	\$_____BI \$_____PD	Per .Occurrence \$ Gen Aggregate \$		\$
	Non- owned Auto		\$		Inc.
	Medical Payments		\$		Inc
	PI and Adv		\$		Inc

	Tenants Legal	\$	\$		Inc
	Prod & Comp Ops Agg		\$		Inc
Adjustable premium	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show basis:			
Employers Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		\$
Employment Benefits E&O	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		\$
Other endorsements needed: (list)					
_____			_____		
Brokers Signature			Date		