

Commercial Business Application



Burns & Wilcox Canada

1)	BROKER:	ATTN:	DATE:
2)	NAME OF APPLICANT:		
	NAME(S) OF PRINCIPAL(S):		
3)	MAILING ADDRESS:		
4)	RISK ADDRESS:		
	NAME(S) AND ADDRESS(ES) OF MORTGAGEE(S):		
	1. _____		
	2. _____		
5)	APPLICANT IS:	OWNER	TENANT
	OCCUPIED BY APPLICANT AS: _____		
	BY OTHERS AS: _____		
6)	NUMBER OF YEARS IN BUSINESS:	AT CURRENT LOCATION:	
7)	CONTACT NAME & PHONE NO. (FOR INSPECTION PURPOSES)		
8)	EXISTING INSURER:	EXPIRY DATE:	POLICY #
	WILL THEY RENEW?	YES	NO
	IF NO, GIVE REASON FOR NON-RENEWAL		
	EXPIRING PREMIUM, COVERAGE TERMS AND CONDITIONS:		
9)	HAS THE INSURED BEEN CANCELLED/DECLINED INSURANCE?	YES	NO
	IF YES, PLEASE ATTACH DETAILS		
10)	HAS THE INSURED HAD ANY CLAIMS FOR THE LAST FIVE (5) YEARS?	YES	NO
	IF YES, PLEASE PROVIDE DETAILS, I.E. DATE, TYPE OF LOSS, GROSS AMOUNT PAID INCLUDING DEFENSE COST AND DEDUCTIBLES, AMOUNT OF OUTSTANDING LOSS AND STEPS TAKEN TO PREVENT REOCCURRENCE?		

11)	ARE YOU AWARE OF ANY INCIDENTS THAT MAY RESULT IN A CLAIM? (IF YES, PLEASE ADVISE DETAILS)	YES	NO

12)	FINANCIAL: PLEASE ATTACH A COPY OF YOUR LATEST AUDITED FINANCIAL STATEMENT.		

1. OCCUPANCY:

(DESCRIBE THE OPERATION OF THE INSURED INCLUDING PROCESS DESCRIPTION, IF APPLICABLE.)

2. BUILDING CONSTRUCTION:

WALLS		NO. OF STORIES		YEAR BUILT	
FLOOR		AREA		BASEMENT	FULL OR PARTIAL
ROOF		YEAR UPDATED*			% COMPLETED
WIRING		YEAR UPDATED*			% COMPLETED
HEATING		YEAR UPDATED*			% COMPLETED
PLUMBING		YEAR UPDATED*			% COMPLETED

EXPOSURE:	<u>NORTH</u>	<u>South</u>	<u>EAST</u>	<u>WEST</u>
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*IF UPDATED, PLEASE ADVISE TOTAL DOLLAR AMOUNT OF UPDATES. \$ _____

3. FIRE ALARM / DETECTORS

SPRINKLERS_____%	NO	YES	LOCAL ALARM	MONITORED	WET OR DRY
SMOKE /HEAT	NO	YES	LOCAL ALARM	MONITORED	OTHER (SPECIFY)
PULL BOX	NO	YES	LOCAL ALARM	MONITORED	OTHER (SPECIFY)
HYDRANT(S)	WITHIN 75M		WITHIN 150M	OVER 150M	OTHER (SPECIFY)
FIRE DEPARTMENT	WITHIN 3KM		WITHIN 5KM	WITHIN 10KM	OVER 10KM
FIRE DEPARTMENT	PAID		VOLUNTEER	PART PAID PART VOLUNTEER	
PORTABLE EXTINGUISHERS (SPECIFY)					

4. BURGLARY ALARM SYSTEM(S)

INTERIOR (INFRARED OR MOTION)	NO	YES	LOCAL ALARM	MONITORED	OTHER (SPECIFY)
PERIMETER (CONTACTS ON DOORS AND WINDOWS)	NO	YES	LOCAL ALARM	MONITORED	OTHER (SPECIFY)
BARS ON WINDOWS:	NO	YES	DEADBOLT ON DOORS	NO	YES
PERIMETER LIGHTING	NO	YES	3RD PARTY SECURITY	NO	YES

5. LIABILITY SURVEY OF HAZARDS – TO BE COMPLETED IF A CGL QUOTE IS REQUIRED.

(1) **BUSINESS:** (1) DESCRIBE ALL OPERATIONS IN DETAIL

(2) ATTACH BROCHURE(S) IF ANY.

(3) ANY U.S. EXPOSURE? IF SO, DESCRIBE

(4) ANY OTHER FOREIGN COUNTRY EXPOSURE? IF SO, DESCRIBE

(2) **LOCATION OF PREMISES:** **FULLY DESCRIBE OPERATIONS AT EACH LOCATION**
 (A) _____ (A) _____
 (B) _____ (B) _____
 (C) _____ (C) _____

(3) **ARE ANY OF THE ABOVE PREMISES LEASED OR RENTED IN THEIR ENTIRETY TO OTHERS WHO CONTROL AND OPERATE THE PREMISES?** _____

(4) **ELEVATORS - ESCALATORS:**

	NUMBER	LOCATION	DESCRIPTION
(A)			
(B)			
(C)			

(5) **PRODUCTS MANUFACTURED, HANDLED, SOLD AND DISTRIBUTED - INDICATE TYPE AND GROSS SALES AND COMPLETE THE ATTACHED PRODUCTS LIABILITY INSURANCE SUPPLEMENT.**

GROSS ANNUAL SALES				
	TYPE OF PRODUCT	CANADA	U.S.	OTHER
(A)		\$	\$	\$
(B)		\$	\$	\$
(C)		\$	\$	\$

(6) **DETAIL FULLY AND BREAKDOWN TYPE(S) OF OPERATIONS AND WORK PERFORMED BY INSURED:**

GROSS ANNUAL SALES			
	OPERATION (INCLUDING SPLIT BY COUNTRY)	PAYROLL	GROSS ANNUAL RECEIPT
(A)		\$	\$
(B)		\$	\$
(C)		\$	\$

(7) **CONTRACTUAL: LIST ALL LEASE AGREEMENTS, RAILWAY SIDING AGREEMENTS ETC.**

(OBTAIN COPIES OF AGREEMENTS WHERE POSSIBLE)

(A) _____
 (B) _____
 (C) _____

(8) **CONTRACTORS PROTECTIVE:** A) COST OF WORK SUB-LET: \$ _____
 B) TYPE OF WORK? _____

(9) **ARE SUB-CONTRACTORS REQUIRED TO CARRY LIABILITY INSURANCE?** YES NO
 IF YES, SPECIFY REQUIRED LIMITS _____

(10) **DO YOU ASK SUB-CONTRACTORS TO SUBMIT LIABILITY CERTIFICATES?** YES NO

(11) **DO YOU ENTER INTO FORMAL CONTRACTUAL AGREEMENTS WITH YOUR SUB-CONTRACTORS?** YES NO

IF YES, DO YOU INCLUDE A "HOLD HARMLESS" CLAUSE IN YOUR FAVOUR?
SUBMIT COPY OF USUAL CONTRACT FORM. YES NO

(12A) **ARE ALL EMPLOYEES COVERED BY WORKMEN'S COMPENSATION?** YES NO

IF NO:

(1) GIVE NUMBER AND TYPES OF EMPLOYEES NOT COVERED BY WORKERS COMPENSATION

(2) ACTUAL PAYROLL OF THESE EMPLOYEES \$ -----

(12B) **IS EMPLOYERS' LIABILITY REQUIRED?** YES NO

IF YES, ADVISE NUMBER AND OCCUPATION OF EMPLOYEE: -----

(12C) **IS VOLUNTARY COMPENSATION REQUIRED?** YES NO

(13) **TENANTS LEGAL LIABILITY**

(A) LOCATION OF PREMISES: -----

(B) AMOUNT TO BE INSURED: \$ -----

IS THERE A LEASE AGREEMENT? YES NO

IF YES, PROVIDE COPY.

(14) **IS THERE ANY USE OF RADIOACTIVE MATERIALS?** YES NO

(15) **DO YOU OPERATE A HOSPITAL OR EMPLOY A PHYSICIAN, SURGEON, DENTIST OR HEALTHCARE WORKER?** YES NO

IF YES, SPECIFY NUMBER OF EMPLOYEES BY THEIR PROFESSION: -----

(16) **DO YOU OPERATE ANY AIRCRAFT OR WATERCRAFT?** YES NO

(17) **DO YOU CHARTER, RENT OR LEASE ANY AIRCRAFT OR WATERCRAFT?** YES NO

(18) **DO YOU ENGAGE IN ANY OF THE FOLLOWING OPERATIONS?**

(A)	DEMOLITION OR WRECKING	YES	NO
(B)	SHORING	YES	NO
(C)	UNDERPINNING	YES	NO
(D)	CAISSON WORK	YES	NO
(E)	EXCAVATION	YES	NO
(F)	USE OF EXPLOSIVES	YES	NO
(G)	RAISING OR MOVING OF BUILDINGS AND STRUCTURES	YES	NO
(H)	TUNNELING	YES	NO
(I)	WELDING	YES	NO

(19) **DETAILS OF OPERATIONS INVOLVING THE USE OF WELDING EQUIPMENT,
BLOWTORCHES, OR OTHER SIMILAR EQUIPMENT AWAY FROM PREMISES**

(20A) **DOES FOREST FIRES PREVENTION ACT APPLY?** YES NO

(20B) DO YOU HAVE SPECIAL AGREEMENTS WITH DEPT. OF LANDS AND FORESTS?

YES

NO

(21) STATE LIMIT OF LIABILITY REQUIRED

\$ _____ INCLUSIVE LIMIT
EACH OCCURRENCE & AGGREGATE PRODUCTS/COMPLETED OPERATIONS

N.B. IT IS THE RIGHT OF THE INSURER TO MODIFY OR DELETE ANY OF THE ABOVE BY ENDORSEMENT.

BROAD FORM VENDORS	
EMPLOYEE BENEFITS E&O	LIMIT: \$
SEF/OEF/QEF #94- PP & LC ONLY	LIMIT: \$
EMPLOYERS LIABILITY	LIMIT: \$
VOLUNTARY COMPENSATION	
FOREST FIRE FIGHTING EXPENSE	LIMIT: \$
OTHER (SPECIFY)	

PREVIOUS INSURER: _____

EXPIRING PREMIUM \$ _____

POLICY NO. _____

EXPIRY DATE: _____

WILL THEY RENEW? YES NO

IF NO, GIVE REASON FOR NON-RENEWAL _____

PROVIDE CLAIMS EXPERIENCE OR DETAILS OF EVENTS THAT MAY GIVE RISE TO A CLAIM FOR LAST FIVE (5) YEARS: (GIVE DETAILS ON ANY CLAIMS INCLUDING EXPENSES, EXCEEDING \$500.) _____

DATE	BI OR PD	DESCRIPTION	AMOUNT PAID	EXPENSES PAID	AMOUNT O/S
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

WHEN WAS ABOVE LOSS INFORMATION UPDATED WITH THE INSURER(S)?

PERILS: ALL RISKS (A.R.) NAMED PERILS (NP) VALUATION: REPLACEMENT COST (R.C.) ACTUAL CASH VALUE (ACV)

COVERAGES REQUIRED						
PERILS	COVERAGES	DED	CO-INS	LIMITS	RATE	PREMIUM
	BUILDING					
	CONTENTS					
	OTHER (SPECIFY)					
	CONSEQUENTIAL LOSS					
	PROFITS		100%			
	GROSS EARNINGS		80%			
	EXTRA EXPENSES		100%			
	RENTS					
	OTHER (SPECIFY)					
	GLASS					
	SIGN FLOATER					
	OFFICE EQUIPMENT					
	OTHER (SPECIFY)					
INCLUDING OR EXCLUDING: FLOOD? _____ EARTHQUAKE? _____ SEWER BACKUP? _____						
	BROAD FORM MONEY					
	IN-OUT HOLD-UP					
	CGL					
	TLL					
	OTHER (SPECIFY)					
	BOILER & MACHINERY					

CONSUMER AND PREVIOUS INSURER REPORTS CONTAINING PERSONAL, CREDIT, FACTUAL OR INVESTIGATIVE INFORMATION ABOUT THE APPLICANT MAY BE SOUGHT IN CONNECTION WITH THIS APPLICATION FOR INSURANCE OR ANY RENEWAL, EXTENSION OR VARIATION THEREOF. ALL PROVISIONS CONTAINED IN THE VARIOUS FORMS ISSUED UNDER THIS CONTRACT SHALL BE DEEMED TO BE CONTAINED IN THE PRESENT APPLICATION FOR INSURANCE

THE POLICY MAY BE DEEMED TO BE VOID AND CLAIMS MAY BE DEEMED NOT COVERED WHERE:

1. **AN APPLICANT FOR A CONTRACT:**
 - A) GIVES FALSE OR ERRONEOUS INFORMATION TO THE PREJUDICE OF THE INSURER, OR
 - B) KNOWINGLY MISREPRESENTS OR FAILS TO DISCLOSE IN THE APPLICATION ANY FACT REQUIRED TO BE STATED THEREIN: OR
2. **THE INSURED CONTRAVENES A TERM OF THE CONTRACT OR COMMITS A FRAUD; OR**
3. **THE INSURED WILLFULLY MAKES A FALSE STATEMENT IN RESPECT OF A CLAIM UNDER THE CONTRACT.**

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

PRINT NAME AND TITLE

DATE

QUESTIONS TO BE ANSWERED BY BROKER

1. DO YOU KNOW THE APPLICANT PERSONALLY? -----
IF YES, FOR HOW LONG? -----
2. DID YOU RECEIVE THE ORDER DIRECT FROM THE APPLICANT?
IF NO, FROM WHOM AND WHY? -----
3. DO YOU HANDLE OTHER INSURANCE FOR APPLICANT? -----
4. DO YOU RECOMMEND THIS RISK IN EVERY RESPECT? -----
5. IS THIS RISK A RENEWAL TO YOUR OFFICE? YES NO
IF YES, HOW LONG HAVE YOU PLACED INSURANCE ON THIS RISK? -----

DATE: -----

BROKER'S SIGNATURE: -----