



**Professional Insurance
Underwriting and
Marketing through Service
Integrity and Stability**

**Fax 1-877- FAX2SWG
(1-877-329-2794)
quotes@swgins.com
www.swgins.com**

COMMERCIAL APPLICATION

Broker _____ Date _____

Branch _____ Phone _____ Fax _____

APPLICANT INFORMATION

Name of Applicant _____

Mailing Address _____ Postal Code _____

Actual Location _____ Postal Code _____

Occupied by Applicant As _____

Occupied by Others _____

of Years in Operation _____ # of Years Experience _____

Present Insurer _____ Expiry Date _____

Renewal Offered Yes No If no, why not? _____ Expiring Premium _____

Losses _____

Loss Payable _____

<u>PROPERTY</u>		<u>CONSTRUCTION DETAILS</u>	<u>PROTECTION</u>		<u>UPDATES(YR)</u>	
# of stories		Basement	Distance to hydrants		Roof	
Wall const.		Year of const.	Distance to firehall		Heat	
Roof type		Sq. Ft.	Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing	
Floor type		Type of heat			Wiring	
Housekeeping	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				# of amps	
Physical Cond.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				<input type="checkbox"/> C/B	<input type="checkbox"/> Fuses

ROBBERY - BURGLARY

Burglar Alarm? Yes No Type: Central Monitored Local ULC Approved? Yes No

Safe or vault on premises? Yes No Class _____

Are all doors fitted with dead bolt locks? Yes No

How often are bank deposits made? _____ By Whom? _____

LIABILITY

Description of Products/Operations _____

Sales/Receipts – Canada _____ USA _____ Other Countries _____

of Employees _____ Payroll _____ Any operations conducted at other owned or leased premises?
 Yes No

If "Yes", Address _____

Any repairs or installations done away from the premises? Yes No

If "Yes", Describe _____

Are subcontractors used for off premises work? Yes No

Are certificates of insurance Obtained from subs? Yes No

EQUIPMENT BREAKDOWN (BOILER & MACHINERY)

Is coverage required for Equipment Breakdown? Yes No

If "Yes," please indicate: Option 1 Option 2 Option 3

Includes the following:

- Direct DamageProperty Limit
- Business Interruption/Extra ExpenseBusiness Interruption Limit
- By-LawsIncluded
- Hazardous Substances\$50,000
- Expediting Expenses\$50,000
- Professional FeesIncluded
- Data\$10,000 (Option 3 only)
- Consequential Loss\$10,000 (Option 3 only)

BROKER INFORMATION

Is this New Business to your office? Yes No

How long have you known applicant? _____

Have you personally seen this property? Yes No

Condition Good Fair Poor

Is this client financially acceptable to your office? Yes No

<u>PROPERTY</u>	<input type="checkbox"/> Fire & E.C	<input type="checkbox"/> All Risk	Basis of Loss Settlement	<input type="checkbox"/> ACV	<input type="checkbox"/> RC (must insure to R/C)
Coverage	Limit	Rate	Deductible	Co-Ins	Premium
Building					
Contents					
Gross Earnings					
Profits					
Extra Expense					
Rents					
Endorsements					
TOTAL PREMIUM THIS SECTION					

ROBBERY- BURGLARY

Interior _____ @ _____ Burglary Damage to Bldgs _____ @ _____
 Messenger _____ @ _____ Mercantile Stock Burglary _____ @ _____
 Paymaster _____ @ _____ B. F. Money & Securities _____ @ _____

TOTAL PREMIUM THIS SECTION

LIABILITY OL&T CGL Limit _____

Subject to _____ PD Ded BI/PD Ded BI/PD/Expense Ded Other _____

Receipts _____ @ _____ Deposit Premium _____

_____ @ _____ Deposit Premium _____ Min. Premium _____

Tenant's Legal Limit _____ @ _____ = _____ Ded _____ N/P BF

Extensions

Non-owned Automobile Other _____

TOTAL PREMIUM THIS SECTION

GLASS Plain Plate Thermopane – Installed Cost _____ Blanket

Deductible _____ TOTAL PREMIUM THIS SECTION

MULTI_PERIL	Limit	Rate	Deductible	Co-Ins	Premium
Office Equip Fltr					
Cont Equip Fltr					
Tool Fltr					
Sign Fltr					
TOTAL PREMIUM THIS SECTION					

Date _____ Premium \$ _____

U/W Initials _____ Service Fee \$ _____

Commission _____ % M&R \$ _____

Consumer and previous insurer reports containing personal, credit, factual or investigative may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance as outlined herein, subject to the Statutory Conditions, Stipulations, Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon.

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date _____ Signature of Applicant _____

Date _____ Signature of Broker _____

PLEASE COMPLETE APPLICABLE SECTION(s)

Name of Insured _____

VACANT BUILDINGS

- 1. Why is it vacant or unoccupied? _____
- 2. Has this property ever been vacant or unoccupied before? Yes No
- 3. How long has the property been vacant or unoccupied? _____
- 4. How long is it expected to be vacant or unoccupied? _____
- 5. Has the electricity been disconnected? Yes No
- 6. Have the water and heating system, if hot water heating, been drained? Yes No
- 7. Are there any adjacent vacant or unoccupied buildings? Yes No
If so, how far from the insured building(s)? _____
- 8. How far is this building from nearest occupied building? _____
- 9. Is there anyone making regular rounds of the premises? Yes No
- 10. If so, Who? _____ How Often? _____
- 11. Is the Insured financially sound? Yes No
- 12. Provide Details (i.e. mortgage amounts, other business owned by the Insured, etc.)
- 13. Is this vacancy or unoccupied building likely to occur seasonally? Yes No
- 14. Are the doors and windows securely closed and locked? Yes No
- 15. Is all rubbish removed from within and about the building(s) and premises? Yes No
- 16. Is the grass cut and all bushes, etc. cleared around all buildings? Yes No
- 17. What is the general physical condition of the property? _____

SUBMITTED BY: _____

E-MAIL: _____