# **PROPERTY/CRIME SUPPLEMENT**

(must accompany complete E&O or CGL application)

APPLICANT:      \_\_

**PROPERTY** (complete one page for each location requiring Property coverage)

LOCATION ADDRESS:

BUILDING INFORMATION: Year built:      \_\_ # of Stories:      \_\_ Sq Footage:      \_\_

CONSTRUCTION:  Frame  Masonry  Non-Combustible  Fire Resistive  Other *(Describe):*       *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

ROOF:  Concrete  Steel Deck  Tar & Gravel  Other *(Describe):*       *\_\_*

HEATING:  Central hot air  Central Hot Water  Suspended hot air  Electric  Woodstove  Other *(Describe)*:      \_\_\_\_\_\_\_\_\_\_

ENERGY:  Gas  Wood  Electric  Oil  Used Oil  Other *(Describe)*:      \_\_\_\_\_\_\_\_\_\_

AUX HEAT (if applicable):      \_\_\_\_\_\_\_\_\_\_

WIRING:  Fuses  Circuit Breakers  60 amp  100 amp  200 amp  Aluminim Wiring  Knob & Tube wiring

PLUMBING: Copper:      \_\_% PVC:      \_\_% Galvanized:      \_\_% Other:      \_\_% *Describe*:      \_\_\_\_\_\_\_\_

UPDATE INFO: Heating:      \_\_ Electrical:      \_\_ Plumbing:      \_\_ Roof:      \_\_

FIRE PROTECTION: Fire hydrant: Within 300m? Yes No Firehall: Within 5m/8km? Yes No  Volunteer  Paid

PRIVATE PROTECTION:# of Fire Extinguishers:       # of Smoke Detectors:      \_\_

Automatic Sprinklers? Yes No Connected to Central? Yes No

Burglar Alarm? Yes No Complete? Yes No Connected to Central? Yes No

|  |  |  |
| --- | --- | --- |
| OTHER OCCUPANCY: | | |
| Exposure | | | | | | | |
| Right |  | | Distance |  | pi | m |
| Left |  | | Distance |  | pi | m |
| Back |  | | Distance |  | pi | m |

##### **PROPERTY COVERAGES REQUIRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **RCV** | **Fire & EC** | **AP** | **Deductible** | **Limit** |
| **PROPERTY** | | | | | |
| Building |  |  |  | $ | $ |
| Contents |  |  |  | $ | $ |
| Stock |  |  |  | $ | $ |
| Equipment |  |  |  | $ | $ |
| Office equipment |  |  |  | $ | $ |
| EDP |  |  |  | $ | $ |
| **BUSINESS INTERRUPTION** | | | | | |
| Rental income |  |  |  | $ | $ |
| Gross earnings |  |  |  | $ | $ |
| Gross earnings - Stdd form |  |  |  | $ | $ |
| Gross earnings – Profit form |  |  |  | $ | $ |
| Extra expense |  |  |  | $ | $ |
| **MISCELLANEOUS** | | | | | |
| Tools |  |  |  | $ | $ |
| Outdoor signs |  |  |  | $ | $ |
| **Others, specify:** |  |  |  | $ | $ |

**CRIME COVERAGES REQUIRED**

Money Kept on Premises overnight: :$      \_\_ In What:      \_\_\_\_\_\_\_\_

Frequency of Deposits:      \_\_ Amount Carried at one time: $     \_\_

Do Deposit time vary: Yes No Is Route Changed: Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CRIME** | | | | | |
| Robbery |  |  |  | $ | $ |
| Night deposit |  |  |  | $ | $ |
| Employee Dishonesty form A |  |  |  | $ | $ |
| Money and securities |  |  |  | $ | $ |
| Money Counterfeit |  |  |  | $ | $ |
| Depositors Forgery |  |  |  | $ | $ |

PRIOR CARRIER INFORMATION: Previous Insurer(s):      \_\_ Policy No.:      \_\_\_\_\_ Expiring/Target Premium:      \_\_\_\_\_\_

Has the applicant or risk been cancelled, declined or refused insurance? Yes No Reason:      \_\_\_\_\_\_

Is this new business to your office?  Yes  No How long has Insured been in business?       Years

5 YEAR LOSS EXPERIENCE (date, paid/reserve amount, cause, open/closed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Insurer** | **Paid/Reserve** | Open/Closed | Type and Clause of Loss |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Loss Payables/Mortgagee** (or Additional Insureds)

Name Address Interest

**DECLARATION:**  I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties. *Protection and Electronic Documents Act (PIPEDA)*

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of proposed insured Signature of Applicant & Title Date

**BROKER**

Agent/Broker Name:       Company:

Phone:       Email:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_