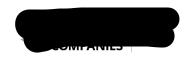


SMALL BUSIN	NESS APPLIC	CATION	Propos	ed Effectiv	ective Date: November 10, 202		10, 2023	
INSURED INFORMA	TION							
Registered Business Na	ame: Linis ivon Eng	and output						
Mailing Address:								
City, Province:				Postal Code:				
Website:								
Year Business Establish	ned*: 2019							
*If less than 12 months n/a	s, indicate business ar	nd/or school ex	perience:					
OPERATIONAL ACTI Description of operation LED Lighting fixture of	ons (include % of each		erations):					
For contractors, is ther	e any sub-contracting	 g?				☐ Yes	⊠ No	
Annual Revenue Break	down:							
CAN	USA	FOREIG	GN	LIQUOR		ONLIN	ONLINE SALES	
\$ 10,000	\$ 80,000	\$ 0		S	0	\$	\$ 0	
Number of Employees	(including owner):	Full-Time:	1	Part-Time	: _ 0			
HISTORY AND CLAIR	MS INFORMATION							
Current Insurer: no p	oresent carrier							
Has the applicant's ins	urance been cancelled	d by an insurer	during th	e past 5 ye	ars?	☐ Yes	⊠ No	
3 Year Loss History:								
DATE OF LO	OSS	TYPE OF LOSS			AMOUNT PAID			
		none	<u>;</u>					



LOCATION DETAILS									
Address:									
City, Province:				Postal Co	de:				
Mortgage: none									
Walls:									
Fire Resistive	☐ Masoni	ry Non-Combus	tible	⊠ Non-					
Masonry	☐ Masoni	☐ Masonry Veneer				Frame			
Aluminum composite claddin	g panels (ACM) or E	xterior Insulatio	n Finishing	System (EIF	S):	%			
Year Built: 1990	Burgla	ar Alarm? 🛛 N				None			
Number of Stories: 2	Sprink	ders: \square A	utomatic	☐ Delug	je	% Coverage:			
Total Building Area: 2,750	sq ft		/lanual						
If building is more than 45 years	ars old, please provi	de the year and	percentage	e of renovat	ions/upgr	ades:			
<u>YEAR</u>	<u>%</u>	•	. 3		<u>EAR</u>	<u>%</u>			
Electrical: 1990	100%	_	Heating:		2000	100%			
Plumbing: 1990	100%	R	Roof:		2005	100%			
COVERAGE DETAILS									
<u>Property</u>	LIMIT (\$)	DED. (\$)	FOR	M VAL	LUATION	CO-INS 90%			
POED/COED									
Breakdown of Values:									
- Building									
- Improvements/Betterments									
- Contents of Every Description	on								
- Stock									
Include:	Sewer Backı	nb	Flood		E	arthquake			
<u>Liability</u>	LIMIT (\$)	DED. (\$)	FOR	M VAL	LUATION	CO-INS 90%			
Commercial General Liability	\$ 2,000,000								
Tenant Legal Liability (Broad Fo	rm)								
Non-Owned Auto									
Other Coverages			_						
Business Interruption									
Cyber			_						
Crime									
Is automobile coverage requi	red? (If yes, please s	ubmit a standar	d auto appl	lication)	Y	es 🛭 No			

ADDITIONAL LOCATION DETA	AILS							
Address:								
City, Province:	y, Province:				Postal Code:			
Mortgage:								
Walls:								
☐ Fire Resistive	☐ Masonry Non-Com			е	☐ Non-Combusti	Non-Combustible		
Masonry	Masonry Veneer				Frame			
Aluminum composite cladding p	anels (ACM) or Exterior Ir	sulation Fir	nishing Sy	rstem (EIFS):	%		
Year Built:	Burglar Alarm?			itored	☐ Local ☐ None			
Number of Stories:		Sprinklers:	☐ Automatic		☐ Deluge	% Coverage:		
Total Building Area:	sq ft		☐ Man	ual	None			
If building is more than 45 years	old, please	provide the ye	ear and per	centage c	of renovations/upgr	ades:		
<u>YEAR</u>	9	<u>%</u>			<u>YEAR</u>	<u>%</u>		
Electrical:			Heating:			_		
Plumbing:		Roof:						
COVERAGE DETAILS								
<u>Property</u>	LIMIT (\$) DEI	D. (\$)	FORM	VALUATION	CO-INS 90%		
POED/COED								
Breakdown of Values:		ı						
- Building								
- Improvements/Betterments								
- Contents of Every Description								
- Stock								
Include:	Sewer	Backup		Flood	E	Earthquake		
PRIVACY DISCLOSURE AND C	ONSENT							
The undersigned, on behalf of the collection, use and disclosure by application or any renewal or charto meet the insured organization insurance product prices, investiganalyzing business results and coor authorized by law.	the Insurer inge in cove on's needs, pating and s	of any personerage, for the passessing are assessing are tiling claims,	nal informat ourposes of nd underwr , detecting a	ion provion f offering riting risk and preve	ded above or in cor and providing proc s on a prudent ba enting fraud or othe	nnection with this ducts and services asis, determining er illegal activities,		
Date:S	ignature:							
Print Name with Official Title:								
Agent/Broker:								