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## COMMERCIAL INSURANCE APPLICATION

Producer:

MURAT DOGAN

NEW BUSINESS: ☒ REMARKET: ☐

### Client Information:

Name:

OAKBRIDGE CONSTRUCTION

### Postal Address:

Address:

255 G. BLVD.

City:

CONCORD

Country:

Province:

ON

Phone:

Postal Code:

Fax:

Web Site:

E-mail:

test@test.com

More phone numbers:

<input type="checkbox"/> Main	<input type="checkbox"/> Direct	<input type="checkbox"/> Toll	<input type="checkbox"/> Fax	<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Other
<input type="checkbox"/> Main	<input type="checkbox"/> Direct	<input type="checkbox"/> Toll	<input type="checkbox"/> Fax	<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Other
<input type="checkbox"/> Main	<input type="checkbox"/> Direct	<input type="checkbox"/> Toll	<input type="checkbox"/> Fax	<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Other

### Client Contacts and Consent for Credit Scoring

Last Name	First name	Date of Birth	Home Address	Position	Consent Given (Yes/No)
Smith	John	10/10/1970	1000 Main St., BRAMPTON, ON L4P 1B1	PRESIDENT	YES

### Business Operation/Special Circumstances concerning this policy:

Description of business operations:

DEMOLITION 10% , EXCAVATION 30% , SEPTIC SYSTEM 20% AND SIDE SERVICES 40%

ALL EMPLOYEES ARE LICENSED.NO SUB.

INSURED HAS OPERATED UNDER VIVID CONSTRUCTION LTD. FOR 3.5 YEARS(CLOSED BUSINESS) AND JUST OPENED UP OAKBRIDGE CONSTRUCTION INC. HE WANTS TO CONTINUE WITH OUR BROKERAGE FOR NEW BUSINESS,

CONSTRUCTION INC. CONFIRMED WITH THE INSURED THERE IS NO LOSSES/CLAIMS UNDER VIVID

CONSTRUCTION DURING OPERATIONS.

### Broker declaration:

I have known this client since : JUNE (month) 2022 (year)

Supporting Business: N/A

## Liability Information:

### Business Information:

In business since:  Employees: 4 f/t:  p/t:   
Related prior experience (Number of years):

### Revenue:

Annual gross receipts:  Internet %:   
Canadian %:  US %:  Subtrades %:   
Foreign %:

\* Canadian, US and Foreign should total 100%

### Payroll:

Annual Payroll:

### Liquor liability:

Is there any liquor liability: ☐ Yes ☐ No Is there plans to be liquor licensed: ☐ Yes ☐ No  
Receipt splits: Liquor \$:  Food \$:  Other \$:

## Claims Information:

Loss Date	Type	Description	Amt Paid	Reserve	Status

- ☒ No losses or claims in the last 5 years  
☐ Prior claims unknown

### Notes:


## Previous Policy Information:

Type	Insurer	Effective	Expiry	Reason terminated	Reason cancelled
	INTACT	JULY 2020	JULY 2023		

- ☐ No previous policies  
☐ Prior carrier unknown

### Notes:

INSURED OPENED UP NEW BUSINESS AND WANTS TO WORK WITH US. TARGET PRICE -\$7000 AND LOWER

## Occupancy:

Description of space insured occupies:

Retail Strip Plaza: ☐ Industrial Plaza: ☒ Enclosed Mall: ☐ Other: \_\_\_\_\_

## Exposures:

- ☐ Licensed Restaurants/bars/clubs  
☐ Manufacturing

	Distance (meters)	Occupancy
Left of insured:		PLUMBING SHOP
Right of insured:		ELECTRICIAN
Behind insured:		
Front of insured:		PARKING

## Location Information:

### General:

Location number: \_\_\_\_\_ Location Visited by Producer: Yes ☐ No ☐ Date visited by producer: \_\_\_\_\_

Address:	S. M. L. S. POSTAL		
City:		Province:	
Country:		Postal Code:	

### Inspection:

☐ This risk was not inspected

Date risk was inspected: \_\_\_\_\_

Inspected by: \_\_\_\_\_

This risk is: ☐ Excellent ☐ Good ☐ Very Good ☐ Average ☐ Fair ☐ Poor

## Risk Information:

### Construction:

Stories:	1			
Year Built:	1998	Total area:	1500	<input checked="" type="checkbox"/> Ft <sup>2</sup> <input type="checkbox"/> m <sup>2</sup>
Walls:	<input type="checkbox"/> Poured Concrete	<input type="checkbox"/> HCB – Hollow Concrete Block	<input type="checkbox"/> Frame and all other	<input checked="" type="checkbox"/> Frame w/ brick veneer
	<input type="checkbox"/> Frame metal clad	<input type="checkbox"/> Solid Brick	<input type="checkbox"/> Concrete panels on steel structure	<input type="checkbox"/> Steel on steel
	<input type="checkbox"/> Metallic panels on steel structure	<input type="checkbox"/> Wood	<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Non-combustible with masonry walls
	<input type="checkbox"/> Non-combustible with non-masonry walls	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry veneer	<input type="checkbox"/> Not applicable

Floors:	<input checked="" type="checkbox"/> Poured concrete or fire resistive material	<input type="checkbox"/> Frame and all other	<input type="checkbox"/> Masonry	<input type="checkbox"/> Concrete panels on steel structure
	<input type="checkbox"/> Masonry on wood structure or other combustible material	<input type="checkbox"/> Heavy Beam or “Mill”	<input type="checkbox"/> Non-combustible with masonry	<input type="checkbox"/> Non-combustible without masonry
	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Brick or stone	

Basement:	<input type="checkbox"/> Poured concrete	<input type="checkbox"/> HCB – Hollow concrete block	<input checked="" type="checkbox"/> No basement	<input type="checkbox"/> Fire resistive
	<input type="checkbox"/> Non-combustible with masonry	<input type="checkbox"/> Non-combustible without masonry	<input type="checkbox"/> Masonry with combustible ceiling	<input type="checkbox"/> Masonry veneer
	<input type="checkbox"/> Frame and all other	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Unfinished (crawl space)	

Roof:	<input checked="" type="checkbox"/> Frame on steel joists	<input type="checkbox"/> Frame on wood joists	<input type="checkbox"/> Heavy beam or ‘mill’	<input type="checkbox"/> Poured concrete
	<input type="checkbox"/> Steel Beam	<input type="checkbox"/> Steel Deck	<input type="checkbox"/>	

Roof Covering:	<input type="checkbox"/> Asphalt shingles	<input type="checkbox"/> Steel Deck	<input checked="" type="checkbox"/> Tar and gravel	<input type="checkbox"/> Concrete on steel structure
	<input type="checkbox"/> Concrete Tiles	<input type="checkbox"/> Metal	<input type="checkbox"/>	

Electrical:	<input checked="" type="checkbox"/> Breakers	<input type="checkbox"/> Fuses	<input type="checkbox"/> Breakers & fuses	<input type="checkbox"/>
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Plumbing:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Lead	<input type="checkbox"/> Plastic (PVS or CVS)	<input type="checkbox"/> Galvanized
	<input type="checkbox"/> Stainless steel	<input type="checkbox"/> Steel	<input type="checkbox"/>	

Heating:	<input type="checkbox"/> None	<input type="checkbox"/> Boiler	<input type="checkbox"/> Radiant	<input type="checkbox"/> Electric
	<input type="checkbox"/> Wood furnace	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Fireplace insert	<input type="checkbox"/> Masonry fireplace
	<input checked="" type="checkbox"/> Furnace (central)	<input type="checkbox"/> Roof mounted HVAC	<input type="checkbox"/> Suspended Heaters	<input type="checkbox"/>

Fuel:	<input checked="" type="checkbox"/> Natural Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Electric/Oil
	<input type="checkbox"/> Propane	<input type="checkbox"/>		

**Renovations:**

- ☐ None known:  
☒ Electrical:  
☒ Plumbing:  
☒ Heating:  
☒ Roof:

Year:	1998	Complete/Partial:	COMPLETE
Year:	1998	Complete/Partial:	COMPLETE
Year:	1998	Complete/Partial:	COMPLETE
Year:	1998	Complete/Partial:	COMPLETE

**Fire Protection:**

Hydrants:	<input type="checkbox"/> Unprotected	<input type="checkbox"/> Within 150m	<input checked="" type="checkbox"/> Within 300m	<input type="checkbox"/> Over 300m
Fire Department:	<input type="checkbox"/> Within 5k	<input checked="" type="checkbox"/> Within 8k	<input type="checkbox"/> Within 13k	<input type="checkbox"/> Over 13k

Extinguishing System Type:	<input checked="" type="checkbox"/> Portable Extinguisher(s)	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> None	<input type="checkbox"/> Comb. Portable & Sprinkler
	<input type="checkbox"/> Other (describe)			

Extinguishing Agent Type:	<input type="checkbox"/> Water	<input checked="" type="checkbox"/> Wet Chemical	<input type="checkbox"/> Carbon dioxide	<input type="checkbox"/> Foam
	<input type="checkbox"/> Halon	<input type="checkbox"/> Dry Chemical		

Fire Alarm:	<input type="checkbox"/> Central Station	<input type="checkbox"/> Monitoring station (full service)	<input type="checkbox"/> Monitoring station (shared service)	<input type="checkbox"/> Local alarm
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**Crime Protection:**

Protection Types:	<input checked="" type="checkbox"/> Doors – deadbolt	<input type="checkbox"/> Breakage resistant glass	<input type="checkbox"/> Windows - barred	<input type="checkbox"/> Windows – wire mesh
	<input type="checkbox"/> Steel bars on openings	<input type="checkbox"/> Surveillance cameras	<input type="checkbox"/> Watchmen/security guards	<input type="checkbox"/> Fence
	<input type="checkbox"/> Guard Dog	<input type="checkbox"/> Windows – ULC security film	<input type="checkbox"/> Additional combination lock	<input type="checkbox"/> Additional key
	<input type="checkbox"/> Alarm ‘fine wire’ protecting openings	<input type="checkbox"/> Camera with concealed VCR recording on film	<input type="checkbox"/> Common tenant walls reinforced with steel mesh	<input type="checkbox"/> Electronic lock
	<input checked="" type="checkbox"/> Entrance visible from street	<input type="checkbox"/> Exterior doors of sturdy construction, inside hinges	<input type="checkbox"/> Exterior lighting	<input type="checkbox"/> Hold-up buttons
	<input type="checkbox"/> Metal loading doors, secured internally	<input type="checkbox"/> Motion sensitive lighting	<input type="checkbox"/> Multiple lock styles	<input type="checkbox"/> Perimeter fence and lockable gate
	<input checked="" type="checkbox"/> Property/lot illuminated at night	<input type="checkbox"/> Skylight/Roof AC openings blocked off	<input type="checkbox"/> Steel post (front & rear) to prevent vehicle entry	<input type="checkbox"/> Stock secured – separate enclosure
	<input type="checkbox"/> Stockroom ceiling entirely covered by motion sensor	<input type="checkbox"/> Warehouse area alarmed separately from office	<input type="checkbox"/> Warning signs	<input type="checkbox"/> Windows – Glass breakage detectors
	<input type="checkbox"/> Other (describe)			

Burglar Alarm:	<input type="checkbox"/> Central Station	<input type="checkbox"/> Monitoring station (full service)	<input type="checkbox"/> Monitoring station (shared service)	<input type="checkbox"/> Local alarm
	<input type="checkbox"/> Visually Disabling (e.g. Smokecloak)	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> None/Not Applicable	<input type="checkbox"/> Other

Safe Type:	<input type="checkbox"/> Fire	<input type="checkbox"/> Burglary	<input type="checkbox"/> Vault	<input checked="" type="checkbox"/> None
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Safe Class:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5			
	<input type="checkbox"/> Other (Describe)			

## Schedule of Coverage's:

### PROPERTY

		Deductible	Limit
<input type="checkbox"/> Building, Equipment and Stock	<input type="checkbox"/> Broad <input type="checkbox"/> Named		
<input type="checkbox"/> Building <input type="checkbox"/> Replacement Cost			
<input type="checkbox"/> Equipment <input type="checkbox"/> Replacement Cost			
<input type="checkbox"/> Stock			
<input type="checkbox"/> Leasehold Improvements			
<input checked="" type="checkbox"/> Office Contents (Broad)			\$10000
<input type="checkbox"/> Electronic Data Processing Systems (Broad)			
<input type="checkbox"/> Valuable Papers & Records (Broad)			
<input type="checkbox"/> Accounts Receivable (Broad)			
<input type="checkbox"/> Residential Condominiums (Broad)			
<input type="checkbox"/> Commercial Condominiums (Broad)			
<input checked="" type="checkbox"/> Contractor's Equipment	<input type="checkbox"/> Broad <input type="checkbox"/> Named		\$350000
<input checked="" type="checkbox"/> Tool Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named		\$20000
<input type="checkbox"/> Transportation Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named		
<input type="checkbox"/> Motor Truck Cargo – Owner's	<input type="checkbox"/> Broad <input type="checkbox"/> Named		
<input type="checkbox"/> Motor Truck Cargo – Truckmen's	<input type="checkbox"/> Broad <input type="checkbox"/> Named		
<input type="checkbox"/> Trip Transit (Broad)			
<input type="checkbox"/> Builders Risk	<input type="checkbox"/> Broad <input type="checkbox"/> Named		
<input type="checkbox"/> Installation Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named		
<input type="checkbox"/> Bailees' Customers	<input type="checkbox"/> Broad <input type="checkbox"/> Named		
<input type="checkbox"/> Warehouseman's Legal Liability			
<input type="checkbox"/> Exhibition Floater			
<input type="checkbox"/> Fine Arts Floater (Broad)			
<input type="checkbox"/> Signs Floater (Broad)			
<input type="checkbox"/> Consequential Loss			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

### BUSINESS INTERRUPTION

		Deductible	Limit
<input checked="" type="checkbox"/> Profits (Broad/Named)	<input type="checkbox"/> Broad <input type="checkbox"/> Named		ALS
<input type="checkbox"/> Gross Rentals	<input type="checkbox"/> Broad <input type="checkbox"/> Named		
<input type="checkbox"/> Extra Expense	<input type="checkbox"/> Broad <input type="checkbox"/> Named		
<input type="checkbox"/>	<input type="checkbox"/> Broad <input type="checkbox"/> Named		

### MACHINERY BREAKDOWN

		Deductible	Limit
<input checked="" type="checkbox"/> Machinery Breakdown			INC.

### CRIME

		Deductible	Limit
<input checked="" type="checkbox"/> Comprehensive 3 D			INC.
<input type="checkbox"/> Employee Dishonesty (Individual)			
<input type="checkbox"/> Money & Securities	<input type="checkbox"/> Broad <input type="checkbox"/> Robbery		
<input type="checkbox"/> Money Orders & Counterfeit Paper Currency			
<input type="checkbox"/> Depositors Forgery			

## LIABILITY

LIABILITY		Deductible	Limit
<input checked="" type="checkbox"/> Commercial General Liability (Occurrence Form)			\$2,000,000
<input checked="" type="checkbox"/> Non-Owned Automobile Liability (SPF 6)			INC.
<input type="checkbox"/> Employee Benefits Liability			
<input type="checkbox"/> Employers' Bodily Injury Liability			
<input type="checkbox"/> Wrap-up Liability			
<input type="checkbox"/> Pollution Liability			
<input checked="" type="checkbox"/> Tenants' Legal Liability	<input type="checkbox"/> Broad <input type="checkbox"/> Limited		INC.
<input type="checkbox"/>			

## UMBRELLA

UMBRELLA		Deductible	Limit
<input type="checkbox"/> Umbrella Liability			
<input type="checkbox"/> Misc. Wording			

### Underlying Insurance

[illegible]

## EXCESS

EXCESS		Deductible	Limit
<input type="checkbox"/> Excess Liability			
<input type="checkbox"/> Misc. Wording			

**OTHER**

[illegible]

## PROPERTY

**Fine Arts / Miscellaneous Property / Tool Floater / Other**

[illegible]