



SMALL BUSINESS APPLICATION

Proposed Effective Date: November 10, 2023

INSURED INFORMATION

Registered Business Name: LED Lighting fixture distributorMailing Address: City, Province: Postal Code: Website: Year Business Established*: 2019

*If less than 12 months, indicate business and/or school experience:
n/a

OPERATIONAL ACTIVITIES OF THE INSURED

Description of operations (include % of each if multiple operations):

LED Lighting fixture distributor

For contractors, is there any sub-contracting?

☐ Yes☒ No

Annual Revenue Breakdown:

CAN	USA	FOREIGN	LIQUOR	ONLINE SALES
\$ 10,000	\$ 80,000	\$ 0	\$ 0	\$ 0

Number of Employees (including owner): Full-Time: 1 Part-Time: 0

HISTORY AND CLAIMS INFORMATION

Current Insurer: no present carrier

Has the applicant's insurance been cancelled by an insurer during the past 5 years?

☐ Yes☒ No

3 Year Loss History:

DATE OF LOSS	TYPE OF LOSS	AMOUNT PAID
	none	

LOCATION DETAILS

Address: [REDACTED]

City, Province: [REDACTED] Postal Code: [REDACTED]

Mortgage: none

Walls:

- ☐ Fire Resistive
 ☐ Masonry Non-Combustible
 ☒ Non-Combustible
☐ Masonry
 ☐ Masonry Veneer
 ☐ Frame

Aluminum composite cladding panels (ACM) or Exterior Insulation Finishing System (EIFS): _____ %

Year Built: 1990 Burglar Alarm? ☒ Monitored ☐ Local ☐ NoneNumber of Stories: 2 Sprinklers: ☐ Automatic ☐ Deluge % Coverage:Total Building Area: 2,750 sq ft ☐ Manual ☒ None

If building is more than 45 years old, please provide the year and percentage of renovations/upgrades:

	YEAR	%		YEAR	%
Electrical:	1990	100%	Heating:	2000	100%
Plumbing:	1990	100%	Roof:	2005	100%

COVERAGE DETAILS

Property	LIMIT (\$)	DED. (\$)	FORM	VALUATION	CO-INS 90%
POED/COED					

Breakdown of Values:

- Building					
- Improvements/Betterments					
- Contents of Every Description					
- Stock					

Include: ☐ Sewer Backup ☐ Flood ☐ Earthquake

Liability	LIMIT (\$)	DED. (\$)	FORM	VALUATION	CO-INS 90%
Commercial General Liability <input checked="" type="checkbox"/>	\$ 2,000,000				
Tenant Legal Liability (Broad Form)					
Non-Owned Auto					

Other Coverages

Business Interruption		
Cyber		
Crime		

Is automobile coverage required? (If yes, please submit a standard auto application) ☐ Yes ☒ No

ADDITIONAL LOCATION DETAILS

Address: _____

City, Province: _____

Postal Code: _____

Mortgage: _____

Walls: _____

☐ Fire Resistive☐ Masonry Non-Combustible☐ Non-Combustible☐ Masonry☐ Masonry Veneer☐ Frame

Aluminum composite cladding panels (ACM) or Exterior Insulation Finishing System (EIFS): _____ %

Year Built: _____

Burglar Alarm? ☐ Monitored ☐ Local ☐ None

Number of Stories: _____

Sprinklers: ☐ Automatic ☐ Deluge % Coverage: _____

Total Building Area: _____ sq ft

☐ Manual ☐ None

If building is more than 45 years old, please provide the year and percentage of renovations/upgrades:

YEAR%YEAR%

Electrical: _____

Heating: _____

Plumbing: _____

Roof: _____

COVERAGE DETAILS

Property

LIMIT (\$)

DED. (\$)

FORM

VALUATION

CO-INS 90%

POED/COED

Breakdown of Values:

- Building

- Improvements/Betterments

- Contents of Every Description

- Stock

Include:

☐ Sewer Backup☐ Flood☐ Earthquake**PRIVACY DISCLOSURE AND CONSENT**

The undersigned, on behalf of the insured organization, declares that it has obtained the necessary consent for the collection, use and disclosure by the Insurer of any personal information provided above or in connection with this application or any renewal or change in coverage, for the purposes of offering and providing products and services to meet the insured organization's needs, assessing and underwriting risks on a prudent basis, determining insurance product prices, investigating and settling claims, detecting and preventing fraud or other illegal activities, analyzing business results and compiling statistics, reporting to regulatory or industry entities, and acting as required or authorized by law.

Date: _____ Signature: _____

Print Name with Official Title: _____

Agent/Broker: _____