



COMMERCIAL ACCOUNT SUMMARY

Date:	Producer:	Branch:	E-mail:
	Broker Code:	Soft credit inquiry consent received from client?	
Name of Applicant:	Date of Birth:	Home address of Applicant:	

APPLICANT:

Legal name of Applicant:		Prospect / Client Code:	
Person Contact:		Phone No:	
Mailing Address:			
Risk Location:			
Operation (please describe in details):			
Occupancy: By Applicant As:		By Others As:	
Experience:	Years of Experience in this industry:	Continuous insurance coverage:	
	Years in business at this location or others:	If no, give details in remarks section.	
Estimated Annual Receipts:	Canadian Sales: \$	USA Sales: \$	Foreign Sales: \$
	If restaurant, food sales: \$	Liquor Sales: \$	Online Sales: \$
	Sub- contracted? %		
No. of Employees: Full Time:		Part Time:	Payroll:
Present Insurer:	Policy No.:	Expiry Date:	Expiring Premium:
Has the applicant been declined, cancelled, or refuse to renew in the past 5 years?			If yes, give details in remarks section.
Broker has known client for	Years.	Is this business/ client new to our office?	
Mortgagee/ Loss Payee:			
Additional Insured:			

LOSS HISTORY in past 5 years (including uninsured losses)

☐ None

Date of Loss	Details	Paid Out

BUILDING

Building Type:			
Age of Building:		No. of Stories:	
Area occupied by applicant:	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²	Occupied Basement:	Entire Building Area: <input type="checkbox"/> ft ² <input type="checkbox"/> m ²
Wall:		Floor:	
Roof Support Structure:	Updated:	Heating:	Fuel: Updated:
Roof covering:	Updated:		
Plumbing:	Updated:	Wiring:	Main Panel Amp: Updated:
Fire Alarm:	Co ² System:	Semi- Annual Inspection Contract:	Updated:
Sprinklers:	Fire Hall Distance:	Hydrant (with 300m):	
Neighbors: Right :	Left:	Front:	Rear:

CRIME

Burglary Alarm:		
All doors equipped with dead bolt Lock:	Bars on Window:	Bars on Doors:
Safe or Vault on Premises:	If yes, choose safe level.	

PROPERTY	Form:	Cost:	Co- Insurance - %	Deductible -\$	Limit - \$
	Building				
	Stock – Actual Cash Value				
	Equipment and/or Office Contents				
	Tenant Improvements				
	Commercial Condominium Unit Owners – Standard Form				
	Sewer Backup				
	Flood				
	Earthquake				
	Property Extension				
BUSINESS INTERRUPTION	Profits				
	Gross Earnings with % Co-Insurance				
	A.L.S. (Actual Loss Sustained)				
	Extra Expense				
	Rental Income				
FLOATERS	Office Equipment				
	Accounts Receivable				
	Valuable Papers				
	Motor Truck Cargo/ Transit				
	Contractors' Equipment				
	Sign				
	Tool				
	Installation				
CRIME	In & Out Holdup				
	Broad Form Money & Securities				
	Employee Dishonesty				
GLASS	<input type="checkbox"/> Plate <input type="checkbox"/> Thermo				
	Measurements:				
EQUIPMENT BREAKDOWN	Limit per Accident.				
	Production Machinery Included? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Air Conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No				
LIABILITY	<input type="checkbox"/> C.G.L. <input type="checkbox"/> O.L.T. <input type="checkbox"/> Personal Insurance Liability				
	<input type="checkbox"/> Products & Completed Ops	<input type="checkbox"/> NOA	<input type="checkbox"/> Employee Benefits Extension		
	<input type="checkbox"/> Personal Injury and Advertising	<input type="checkbox"/> Blanket Contractual	<input type="checkbox"/> Employer's Liability		
	<input type="checkbox"/> Contingent Employer's Liability				
	Tenant's Legal				
	Professional				
	Director and Officer				
	Umbrella Liability/ Excess				
REMARKS					

Last Updated:

X

Client Signature