**York Alliance Insurance Brokers Inc.**

Unit 5 – 50 Bur Oak Avenue, Markham, Ontario, L6C 0A2

Tel. 905-888-7900 Fax. 905-888-7901

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Submission Date: | | | | | | | | Producer Code: 321 | | |
| Name of Applicant (Legal Entity of Business) | | | | |  | | | | | |
| Principals Name(s) (First & Last) | | | | |  | | | | | |
| Contact Person & Phone Number | | | | |  | | | | | |
| Mailing Address | | | | |  | | | | | |
| Business/Risk Location(s) | | | | |  | | | | | |
| Full Details of Operation (Must describe all services & products provided) | | | | |  | | | | | |
| Applicant is Building/Unit Owner? Tenant? | | | | |  | | | | | |
| Applicant’s Own Business Experience In Canada | | | | |  | | | | | |
| # of Years Experience at Risk Location(s) | | | | |  | | | | | |
| Year Business established (YYYY) | | | | |  | | | | | |
| Total # of Employees | | | | |  | | # of Employees handling money or securities | | |  |
| Estimated Total Annual Revenue | | | | |  | | | | | |
| % of Revenue from liquor sales (if applicable) | | | | |  | | | | | |
| Canadian Sales % | |  | US Sales % | | |  | Foreign Sales % (Specify Countries) | | |  |
| **Insurance Background:** | | | | | | | | | | |
| Has Insurance ever been declined? | | | | | |  | Has Insurance ever been cancelled? | | |  |
| If yes, explain. |  | | | | | | | | | |
| **Prior or Present Insurance for this Risk:** | | | | | | | | | | |
| Company Name: |  | | | | | | | Policy No.: |  | |
| Expiry Date: |  | | | | | | | Premium: |  | |
| Is Renewal Offered? If not, explain. | | | |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Claims History: Does insured have any claims or reported/unreported losses in last 5 years or more?**  **Yes or**  **No** | | |
| Date | Description | Amount |
|  |  |  |
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|  |  |  |

**Additional Notes (any snow removal contracts, tenants/subcontractors’ insurance, mortgagees, landlords, closing dates, etc.)**

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## This application is only a basis for quoting.  Coverages (see page 3) if bound may be different so refer to quotation from insurance company for detail of coverages and limits. Upon binding, please provide info for mortgagees, loss payees or additional interest parties. The application is only to be signed and dated if information provided is verified by client to be true and our quotation is accepted.

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| --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Insured | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Insured | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Building Information** | | | | **Updates** | | |
|  |  |  | |  | What Type? | Year Updated (YYYY) |
|  |  | Single Building | | Wiring: |  |  |
|  |  | Multi Unit / Strip Mall | | Heating: |  |  |
|  |  | Enclosed Mall | | Roof: |  |  |
|  |  | Other: |  | Plumbing: |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Occupied Area (Sq. Ft.) |  | Total Building Area (Sq. Ft.) |  | Year Built |  | # of Storeys |  |
| Basement Area (Sq. Ft.) |  | If yes, what is usage? |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Wall Construction (mark multiple if more types)** | | | **Roof Construction** | | |
|  |  | Wood Frame |  |  | Concrete Joist |
|  |  | Brick |  |  | Steel Deck |
|  |  | Masonry |  |  | Heavy Timber / Wood Joist |
|  |  | Non-Combustible |  |  |  |
|  |  | Fire Resistive |  |  |  |

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| **Protection** | | | | | | | | | | | | |
|  |  | Hydrant within 500 ft. (150 m) | | If not, please give distance: | | | | | | | | |
|  |  | Within 3 miles of Fire Hall (5km) | | If not, please give distance: | | | | | | | | |
|  |  | Building Sprinklered | % of building sprinklered | | |  | |  | | | | |
|  |  | Fire Extinguishers | Type |  | ABC | |  | K (restaurants) | How many? | | 2 |  |
|  |  | Fire Alarm | Type |  | Central | |  | Monitored |  | Local | | |
|  |  | Burglar Alarm | Type |  | Central | |  | Monitored |  | Local | | |

If Alarm is Central/Monitored, which company?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Protection:** | | | **Cooking Controls (If Restaurant):** | | | | | | | | | | |
|  |  | Motion Detectors |  |  | Automatic Fire Extinguishing (CO2) System in Kitchen? | | | | | | | | |
|  |  | Smoke Detectors |  |  | |  | Wet System Type? | | |  | UL300 |  | ULC 1254.6 |
|  |  | Heat Detector |  |  | |  | Dry System | | |  |  |  |  |
|  |  | Surveillance Cameras |  |  | CO2 System Maintenance? | | | | | | | | |
|  |  | Bars on Windows and Doors |  |  | |  | Semi-annual |  | Other | | | | |
|  |  | Safe. If so what class? |  |  | Filters, Hoods & Ducts Cleaned? | | | | | | | | |
|  |  | Store Open 24 hours |  |  | |  | Semi-annual |  | Other | | | | |
|  |  |  |  |  | | Deep Frying? Does fryer have temperature controls? | | | | | | | |

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| **Describe the Type of Business on Each Side of the Premises:** | |
| Left: |  |
| Right: |  |
| Other: |  |

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| Coverages Requested | | | |
| Choose Type of Coverage: | All Risk (Broad Form) | Named Perils (Fire & Extended Coverage) | |
| Choose Basis of Evaluation: | Replacement Cost | Actual Cash Value |  |
| Include Additional Coverages: | Sewer Backup | Flood | Earthquake |

|  |  |  |  |  |  |  |  |  |  |
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| Coverages | | | | | | | **Co-ins.** | **Deductible** | Limit |
| Building | | | | | | |  |  |  |
| Condo Unit Owner Loss Assessment | | | | | | |  |  |  |
| Condo Unit Owner Contingency | | | | | | |  |  |  |
|  | | | | | | |  |  |  |
| Contents | | | | | | |  |  |  |
| (Breakdowns as ) | | Stock | | | | |  |  |  |
|  | | Equipment | | | | |  |  |  |
|  | | Tenants Improvement | | | | |  |  |  |
| Electronic Data Processing | | | | | | |  |  |  |
| Contractors Equipment | | | | | | |  |  |  |
| Tool Floater | | | | | | |  |  |  |
| Account Receivable | | | | | | |  |  |  |
| Cargo/Property in Transit | | | | | | |  |  |  |
| Unnamed Locations | | | | | | |  |  |  |
| Glass | | | | | | |  |  |  |
| Sign | | | | | | |  |  |  |
| Other (Please Specify) | | | | | | |  |  |  |
|  | | | | | | |  |  |  |
| Business Interruption | | | | | | |  |  |  |
| Gross Earning | | | | | | |  |  |  |
| Ordinary Payroll | | | | | | |  |  |  |
| Rental Income | | | | | | |  |  |  |
| Extra Expense | | | | | | |  |  |  |
|  | | | | | | |  |  |  |
| Crime | | | | | | |  |  |  |
| Broad Form Money & Security | | | | | | |  |  |  |
| In & out Hold UP | | | | | | |  |  |  |
| Employee Dishonesty Bond | | | | | | |  |  |  |
|  | | | | | | |  |  |  |
| Boiler & Machinery | | | | | | |  |  |  |
| Including Production Machinery | | | | | | |  |  |  |
|  | | | | | | |  |  |  |
| Liability | CGL | |  | OLT |  |  |  |  |  |
| Product Liability | | | | | | |  |  |  |
| Employers Liability | | | | | | |  |  |  |
| Personal and Advertising Injury Liability | | | | | | |  |  |  |
| Professional liability (E&O app. required) | | | | | | |  |  |  |
| Director & Officer’s Liability (D&O app. required) | | | | | | |  |  |  |
| Other (Please Specify) | | | | | | |  |  |  |
|  | | | | | | |  |  |  |
| Tenants Legal Liability | | | | | | |  |  |  |
|  | | | | | | |  |  |  |
| **Non-Owned Automobile** | | | | | | |  |  |  |
| Including SEF# 94, 96, 99 | | | | | | |  |  |  |