



BROKERS LTD.

Tel: (604) 602-1931 Fax: (604) 602-1901 E-mail: nwells@nwinsurance.ca Website: www.nwinsurance.ca

OPTIMUM BUSINESS POLICY APPLICATION

DATE:

BROKER NAME		U/W	H.C.	Broker No.	Branch No.
PRODUCER NAME					
NAME OF APPLICANT (Incl. Name of Principals)					
MAILING ADDRESS					
DATE REQUIRED	Postal Code:				
From	To	Term in months	12:01 a.m. Standard time at the address of the named insured as stated above		
LOCATION AND CONSTRUCTION OF PROPERTY INSURED	<u>LOCATION #:</u>				
	Walls	Roof	Storeys		
Sprinklered: YES/NO _____ Floors: _____ Applicant's Area: _____ sq.ft./metres Dist. to Hydrants: _____ Dist. to Firehall: _____					
Age: _____ If over 25 years old, when were services updated? Roof _____ Electrical _____ Heating _____ Plumbing _____					
IMPORTANT (This area must be completed):					
Heat: _____ Electrical: _____ Type of Insulation: _____ Extinguishers: _____					
Burglar Alarm: Local/Monitored _____ If monitored, by whom? _____					
Photo Attached _____ Other Protection? _____ Describe: _____					
Has broker seen property? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Exposures Distance: (give distance, construction and occupancy only if within 50 ft)					
Left	Right	Rear			
Applicants Occupancy & Operations: _____					Years in Business _____ Yrs.
Other Occupancies: _____					Housekeeping _____
(List each occupancy with % occupied of total area. If necessary, provide a separate attachment)					
Previous Losses (Past 5 years): _____					
Previous Insurer & Policy Number: _____					
Loss Payees: _____					
Has Applicant been cancelled or declined or refused renewal in last 5 years? Describe: _____					
1. Payroll:					
i) (No. of Employees): # _____ \$ _____					
2. Gross Receipts:					
i) Products \$ _____ ii) Completed Operations \$ _____					
iii) Area of Products Distribution or Operations: Canada: _____ % U.S.A.: _____ % Other (specify): _____ %					
iv) Other than provided in iii), are there any sales or operations outside of BC or Alberta? _____ % or Canada? _____ %					
Cost and Description of any Sublet Operations: _____					
Nature of Applicants Products: _____					
Other Hazards: _____					
3. Does Applicant engage in any of the following operations? If yes, describe on separate attachment.					
Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spraying	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ships or Docks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drilling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Apt/Condo/Townhouse/School Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Railroads	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roofing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Propane or other LPG work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pile Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tunneling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of Unlicensed/Specially	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airport Premises or Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Vehicles/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Limits & Coverages Required	Deductibles	Rates	Premiums
Property			
Business Interruption			
Crime			
<u>Limit</u>			
Commercial General Liability:			
Tenants Legal Liability:			
Other:			

Where (a) an applicant for this contract gives false particulars to the prejudice of the Insurer or misrepresents or fails to disclose any fact in any part of this application required to be stated therein or (b) the insured contravenes a term of the contract or commits fraud; or (c) the insured makes a false statement in respect of a claim, a claim will become invalid and the insured's right to recovery is forfeited. The applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The applicants consent to the collection, use and disclosure by the Insurer of personal, credit, factual record, premium payment or claims history information in connection with this application for insurance or renewal, extension, variation or cancellation thereof for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud.

 Broker's Signature

 Applicant's Signature

 Risk Approval

 Date