

Property Insurance Application

Canadian Special Risks

#204, 5003 - 50 Avenue
Athabasca, AB T9S 1T2

Phone (toll-free): 1-855-732-3605 -- Fax: 1-780-675-3883

SECTION 1: APPLICANT INFORMATION

1. Company Name _____

2. Contact Person _____

3. Address _____

4. City / Province _____

Postal Code _____

5. Business Phone _____ Mobile Phone _____

Home Phone _____ Email _____

Effective Date of Coverage : _____

Referred by : _____

SECTION 2: BUSINESS OPERATIONS

Full Description of Business Operations, Products

SECTION 3: LOSS HISTORY

Current Insurer: _____ Policy #: _____

Has any insurer cancelled or refused coverage to applicant? Yes No

If yes, provide details:

Has applicant had any losses or claims within past five years? Yes No

If yes, provide details

SECTION 3 continued

Is applicant aware of any fact or circumstance that may cause future losses? Yes No

If yes, provide details

SECTION 4: PROPERTY LOCATIONS

Risk Address #1 _____

City / Province _____

Postal Code _____

Occupancy by Insured _____

Occupancy by Others _____

Building Description

Year Built _____ Date of Inspection _____

Walls HCB Fire Res. Tilt Up Frame Other

Roof Wood Deck Wood Joist Steel Deck Other

Roof Surface Finish T&G Metal Duroid Concrete

Heating Gas Oil Electric Boiler Other

Wiring Breakers Fuses Conduit

Plumbing _____

Foundation Concrete Wood Other

Height: # of stories _____

Basement Yes No

SQFT occ. by insured _____ SQFT of total building _____

Public Protection: Hydrant within _____ metres, Firehall within _____ metres

Sprinklered Yes No

Fire Extinguishers Yes No # of Extinguishers _____

Spray Booth Yes No

Dust Collection System Yes No

C02 System Yes No

Burglar Alarm System Local Monitored Monitoring Company _____

Additional Security Features

Housekeeping Excellent Good Average Fair Poor

Occupancy Hazards

SECTION 4 continued

Risk Address #2 _____

City / Province _____
Postal Code _____
Occupancy by Insured _____
Occupancy by Others _____

Building Description

Year Built _____ Date of Inspection _____

Walls HCB Fire Res. Tilt Up Frame Other

Roof Wood Deck Wood Joist Steel Deck Other

Roof Surface Finish T&G Metal Duroid Concrete

Heating Gas Oil Electric Boiler Other

Wiring Breakers Fuses Conduit

Plumbing _____

Foundation Concrete Wood Other

Height: # of stories _____

Basement Yes No

SQFT occ. by insured _____ SQFT of total building _____

Public Protection: Hydrant within _____ metres, Firehall within _____ metres

Sprinklered Yes No

Fire Extinguishers Yes No # of Extinguishers _____

Spray Booth Yes No

Dust Collection System Yes No

C02 System Yes No

Burglar Alarm System Local Monitored Monitoring Company _____

Additional Security Features

Housekeeping Excellent Good Average Fair Poor

Occupancy Hazards

Does applicant own or control any other land? Yes No

If yes, specify location, area, and use

SECTION 5: COVERAGES REQUIRED (Property & BI — Complete by Broker)

Fill in all applicable fields.

Coverage	Co. Ins.	NP/AR	RC/ACV	Ded	Limit	Rate	Premium
Building							
Equipment							
Stock							
EDP							
Transit							
Gross Earning							
Extra Expense							
Rental Value							
Gross Rents							
Profits							
Accounts Rec.							
Valuable Papers							
Signs							
Contractors Eq.							
Misc. Prop. Floater							
Other							

NOTICE TO APPLICANT

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

An Applicant for a contract:

1. An Applicant for a contract:
 - a. Gives false or erroneous information to the prejudice of the insurer, or
 - b. Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The Insured contravenes a term of the Contract or commits a fraud; or
3. The Insured willfully makes a false statement in respect of a claim under the contract

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE AGREEMENT.

Applicant Signature

Position

Printed Name

Date

Financial Products Disclosure

Canadian Special Risks has an exclusive contract with Chubb Insurance Canada and represent products available through them. Canadian Special Risks also represents Cansure, and other companies as arranged by Cansure. No insurer holds any ownership interest in Canadian Special Risks, nor does Canadian Special Risks hold an interest in any insurance company. If you choose to purchase a product through Canadian Special Risks, Canadian Special Risks will be paid by the company that offers that product. Canadian Special Risks is compensated by a sales commission at the time of sale and may receive a renewal (or service) commission if you (our client) keep that policy in force. It is Canadian Special Risks duty to disclose any conflict of interest with you as our client, Canadian Special Risks confirms that there is no conflict of interest in regard to the proposed sales transaction that you are considering, and that Canadian Special Risks overall recommendation takes into consideration and is based on Canadian Special Risks analysis and assessment of your financial and security needs.