

<b>Yarmouth Mutual Insurance Company</b> 1229 Talbot Street, St. Thomas, ON, N5P 1G8			<b>COMMERCIAL PROPERTY &amp; LIABILITY APPLICATION</b>		
Insured's Name & Mailing Address:			Agent/Broker of Record:		
Phone:	Fax:	Cell:	Policy Effective Date:	Policy Expiry Date: 12:01 a.m.	
Deductible:	Email/Web Address:		Type of Policy: Non-package Retail Residential Rental	Contractors Office	Church HomeBased
Has any Insurer cancelled, declined, or refused to renew or issue insurance to the applicant within the past 5 years? Yes No					
If Yes Provide Details:					
Previous Insurer:			Policy #:	Expiry Date:	
Loss History: (state all losses or claims by the applicant or employee in the last (5) five years:					
Date:	Cause				Amount:
<b>Property Premium Discount(s):</b>		<b>%</b>	<b>\$</b>	<b>Premium Summary</b>	
				Property:	
				Building:	
				Contents:	
				Endorsements & Floaters:	
				Crime:	
Forward total to right			→	Less Discount Total	- (      )
<b>Method of Payment:</b>			<b>Total Liability:</b>		
% Handling charge			(Discounts do not apply)		
Initial Payment			Total Policy Premium		
Installment Frequency			Provincial Sales Taxes		
Installment Amount			Total Premium Payable		
<b>OPERATION DETAILS:</b>			How long in business?		
Describe type of business for which coverage is required:					
Gross Annual Receipts:			Show Revenue by Operation, if more than one:		
Any Sales to the outside of Canada?					
Yes No Amount of Gross Sales:					
REMARKS:					
<b>DISCLOSURE:</b>					
The applicant authorizes the insurer and its mandataries to obtain from and exchange with the following persons and organizations any personal information relevant to the making, performance and follow-up of the present contract: other insurers, financial institutions, personal information agents, agencies which collect data on risks and losses, organizations whose functions are the prevention, detection or repression of crimes and offences, market intermediaries, as well as any other person, public or private organizations or business, likely to provide to the insurer information permitting determination of the premium, assessment of the risks and analysis of claims. This consent will be valid with respect to any extension or renewal of the present contract, as well as any other property and casualty insurance contract, requested by the Applicant from the Insurer or offered by the insurer.					
A copy of this present authorization is as valid as the original					
<b>SIGNATURE OF APPLICANT ( For Disclosure and Application Form)</b>					
<b>X</b>					Date:
<b>Broker/Agent Questionnaire</b>					
Is this business new to your office?		Yes	No	How long have you known the applicant?	
Have you seen this property?		Yes	No	If Yes, When?	Condition of property: Good Fair Poor
Broker/Agent Remarks					
Signature of Broker/Agent:					Date:

<b>Commercial Application</b>		Insured's Date of Birth:	
Risk Location:		Loss Payee(s):	
Applicants interest: Owner      Tenant      Lessee      Other Describe:			
<b>Building Information:</b> Year Built:		If older than 35 years, please list year it was updated.	
Building Type		Industrial Mall      Enclosed Mall	
Single Retail Strip Mall		Other:	
Total Area of Building:      sq. ft.		Area Occupied by Insured:      sq. ft.	
Neighbouring Occupants (if applicable)      Left:		Right:	
Quality of Neighbourhood		Improving/Developing Above Average      Not Known	
Declining/Congested Stable			
<b>Building Construction:</b>		Hollow Concrete      Solid Brick	
Reinforced Concrete		Glass Panel – Metal Frame      Metal Clad	
Brick Veneer		Frame &/or Stucco      Log	
Vinyl Clad			
Roof Construction		Steel Deck      Wood Joist	
Concrete Joist		Open Wood      Corrugated Metal	
Heavy Timbers			
Roofing Material:      Updated:		Basement:      Yes      No      Type:	
Floor Construction		Reinforced Concrete      Wood      Concrete Pad	
<b>Building Services:</b>			
Type of Heating:      Updated:		Electrical Services:      amp age      Updated:	
Type of Plumbing:      Updated:		Type(s) of Wiring:	
<b>Protection Services:</b>		<b>Fire Grade:</b> (see manual)	
Description of Physical Protection: (i.e. locks, bars, lighting)			
Fire Alarm:      Yes      No      Type:		Fire Extinguishing System      Yes      No	
		- Type of System:      Last Inspected:	
Burglar Alarm:      Yes      No      Local		Monitored      Working: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Professionally Installed:      Yes <input type="checkbox"/> No		Extent of Protection:      Perimeter      Area	
Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No      Type:			
<b>RETAIL EXPOSURE:</b>			
Detailed description of retail operation, including all types of exposure: (postal service, liquor sales, lessons, etc)			
Hours of business:		Number of Employees:      Full      Part	
Do you have any sales internationally? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gross International Sales:      (Including U.S.)	
Is there an ATM on site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lessor:	
Is there a Lottery Machine on site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lessor:	
Is there sales of Scratch and Lottery tickets? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the value of the tickets on site?	
Are there Liquour sales? <input type="checkbox"/> Yes <input type="checkbox"/> No      Amt.		Are there Tobacco sales? <input type="checkbox"/> Yes <input type="checkbox"/> No      Amt.	
Is there property of others on site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe:	
Any Repairs done on site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe:	
Delivery Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe:	
Do you sell products which you manufacture? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe:	
Do you give instructional classes on site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe:	
Is there beauty parlour or barbershop exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of chairs rented	
Describe types of treatments provided:			
<b>OFFICE EXPOSURE:</b>			
Detailed description of office operation, including all types of exposure: (notary public, financial, legal etc..)			
Is professional insurance required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Insurer of Professional Insurance if different:	
What type?			
Is there a Board of Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there Directors & Officers Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of employees:      Full      Part		Insurer:	
Any Volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No      Number:			

**RESIDENTIAL RENTAL EXPOSURE:**

Is the building occupied by: Students <input type="checkbox"/> Yes <input type="checkbox"/> No				Boarders <input type="checkbox"/> Yes <input type="checkbox"/> No		Commercial Business <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Units in building:			Is building Retro-fit, per By-Law requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there fire extinguishers in every unit and/or common area? <input type="checkbox"/> Yes <input type="checkbox"/> No				Number:		Type:	
Are there smoke detectors in every unit and/or common area? <input type="checkbox"/> Yes <input type="checkbox"/> No				Number:		Type:	
Is there working emergency lighting in all common areas? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are there Exit signs in hallway? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is there secure entry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any decks or balconies? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is there recreation facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:			
Is there parking? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition of parking lot: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
Are there any Vacant Units? <input type="checkbox"/> Yes <input type="checkbox"/> No #:				Who maintains property?			
Are there Laundry Facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are there storage units? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**CONTRACTORS EXPOSURE:**

Are you a general contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No How Long?			Do you use Sub Contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a sub contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No How Long?			Do your Sub Contractors have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Number of employees: Full Part							
Detailed description of types of work being done. (ie electrical, carpentry, plumbing, snowplowing etc..)							
Breakdown of Revenue by Operation:							
Do you have current licenses or certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: (i.e. gas fitter, electrician, etc..)							
Do you have contracts with municipalities? <input type="checkbox"/> Yes <input type="checkbox"/> No Doing what?							

**CHURCH EXPOSURE:**

Is there a cemetery on site? <input type="checkbox"/> Yes <input type="checkbox"/> No			Who maintains the grounds?				
Acreage:							
Is there a hall in the church? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is there a kitchen in hall? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Detailed description of events held in the hall: (by the church and/or third parties)							
Is there a bar service? <input type="checkbox"/> Yes <input type="checkbox"/> No Are bartenders trained under S.I.P (Servers Intervention Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is P.A.L (Party Alcohol Liability) insurance required for these events? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is there a Manse on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is it occupied by the minister or a tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is counseling service provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is professional insurance required? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there nursing services? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of Insurer of Professional Insurance:				
If so is nurse currently registered? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is there a Trustee Board? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is there Directors & Officers Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Number of employees: Full Part			Insurer:				
Any other volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No			Number:				

**ADDITIONAL COMMENTS**

## Commercial Package Work Sheet

Fill out all applicable areas, depending on the Package Coverage

Location # \_\_\_\_\_ (if there are additional location copy this blank page and construction information and attach to application)

	Limit	Net Rate	Premium
<u>Property Coverages</u>			
Building	_____	X	_____
Contents (including computers)	_____	X	_____
<u>Contractor's Tool &amp; Equipment Floater</u>			
Valued at \$1,500 or less new	_____	X	_____
Valued at \$1,500 or more new (attach schedules)	_____	X	_____
<u>Installation Floater</u> (flat charge) See Manual for limits and premium			
_____			
<u>Loss of Income</u>			
Earnings (List package limit)	_____		_____
Increased Earning Limit			
Profits Coverage (Use 100% of Building Rate)	_____	X	_____
Rental Coverage (Optional – Use 100% of Building rate)	_____	X	_____
<u>Additional Agreements</u> (Home Based N/A)			
Optional Increases available	_____	X	_____
_____			
<u>Crime Coverage</u>			
Broad Form Money & Securities \$1,000			
\$2,500 or \$5,000 (See Manual for Rates)	_____		_____
3D Coverage A (Optional)			
_____			
<u>Commercial General Liability</u> (Incl. TLL & NOA)			
\$1,000,000 or \$2,000,000	_____		_____
(for Home Based Pkg add applicable limit and premium)	_____		_____
<u>Other Liability Endorsements</u>			
_____			
_____			
_____			
_____			
<u>Other Endorsements</u>			
_____			
_____			
_____			
			<b>Total Premium</b>
			(Forward to front page)