



BUSINESS PROPERTY INSURANCE SUPPLEMENTAL APPLICATION

Trisura Guarantee Insurance Company offers this BUSINESS PROPERTY INSURANCE **only** to applicants who also have Corporate Risk Insurance placed through Trisura. All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).

General Information

1. (a) Name of Applicant: _____
(Include full name of all entities to be included as Named Insureds starting with First Designated Named Insured)
- (b) Principal Address: _____

2. (a) Other Insurance with Trisura: _____
3. Coverage and Limits of Insurance Requested:

Coverage	Limits	Coverage	Limits
Building	\$	Laptops and Portable A/V equip.	\$
Tenant's Improvements	\$	Rental Income	\$
Equipment	\$	Business Interruption – Profits	\$
Stock	\$	Professional Fees	\$
Office Contents excluding EDP	\$	Extra Expense	\$
Computer (EDP) Hardware	\$	3D Crime Coverage	\$
EDP Software/Media	\$		

Locations

4. List all locations of operations, providing details indicated below as well as level of protection (for additional locations, attached a separate sheet):

Address	Rent or Own	Total Area (sq ft)	Age	No. of Stories	*Construction Type	Protection
1.						
2.						
3.						

**For Construction Type: Brick (masonry), Frame Construction, etc.*

***For Protection Type: Fully Protected (FP), Semi-Protected (SP), Non-Protected (NP)*

Fully Protected: Fire hydrant within 300 metres
 Semi-Protected: Fire hall within 8 kilometres
 Non-Protected: No fire hydrants

Construction & Protection Details

5. If a building is over 25 years old, please state if the following items have been renovated:

	Item	Electric Wiring	Plumbing	Heating/AC	Roof	Elevators	Other (specify)
Location 1	Yes/No						
	Year						
Location 2	Yes/No						
	Year						

6. Describe the fire and safety protection at each location:

Description	Fire Extinguishers	Smoke Detectors	Well Lit Exits	Local Fire Alarm	Central Station	Fully/partially Sprinklered
Location 1						
Yes/No						
Number						
Location 2						
Yes/No						
Number						

Insurance History

7. Has any insurance been refused or cancelled in the past five years? Yes No

If Yes, provide details: _____

8. In the past five years, has the Applicant had any claim (include closed and open claims and incidents)? Yes No

If Yes, please provide the following details on a separate sheet:

- (a) Date of Claim
- (b) Claimant's Name
- (c) Nature of Claim
- (d) Amount of Damages / Defence Costs incurred by or on behalf of the Applicant in respect thereof
- (e) Current Status of Claim

It is understood and agreed that this Application is provided in conjunction with an application form for other Corporate Risk Insurance placed through Trisura Guarantee Insurance Company. It is subject to the same provisions concerning representations as made in the other Application for Insurance.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title