



COMMERCIAL PACKAGE POLICY APPLICATION

RENEWAL SURVEY

General Information

1. (a) Name of Applicant: _____
 (b) Mailing Address: _____

2. (a) Is the Applicant aware of any incidents, circumstances or occurrences which may result in claims against it? Yes No
 (b) Have there been any material changes to the Applicants business activities in the past 12 months? Yes No
 (c) Does the Applicant plan to introduce any new products and/or services in the next 12 months? Yes No
 If Yes, provide details: _____

- 3 (a) Applicant's gross revenue:

Gross Revenue (CDN \$)	Canadian	United States	Foreign	Total
Last 12 months	\$ _____	\$ _____	\$ _____	\$ _____
Estimate for the next 12 months	\$ _____	\$ _____	\$ _____	\$ _____

- (b) List Foreign countries: _____

4. (a) Total number of employees: Canada: _____ United States: _____ Foreign: _____
 (b) Total annual payroll: \$ _____

5. List all locations at which business is conducted:

Location #	Full Address	Rent or Own	Area Occupied (sq. ft)

6. Are there any changes in Property limits and/or coverage? Yes No
 Not Applicable – Property is not currently covered

If Yes, indicate the new limit(s) and/or coverages required or provide Statement of Values.

7. If Property is not currently covered and a quote is required, please complete for each location coverage is requested:

- (a) Property Contents Limit:
 \$25,000 \$50,000 \$75,000 \$100,000 \$150,000
 Other: _____

Location Information

(b) Location same as Mailing Address: Yes No

If No, provide full address: _____

(c) Area Occupied: _____ sq. ft. Age of Building: _____

Number of Stories: _____ Is the Building Owned? Yes No

(d) Building type: High Rise Enclosed Mall Strip Plaza
 Standalone Other: _____

Construction

(e) Fire Resistive Non-Combustible Masonry Non-Combustible
 Joisted Masonry Frame Other: _____

Protection

(f) Fire Protection: Hydrant within 300 meters Fire Station within 8 km Unprotected
(g) Fire Alarm: None Local Central Station
(h) Sprinklered: Yes No Partial: _____ %
(i) Burglar Alarm: None Local Central Station

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of any policy effected pursuant to this Application.

Applicant	Date
Signature	Title