



Business Insurance Application

Producer Code: _____

Insured Information

Legal Entity Name: _____

Mailing Address: _____

Description of Operation: _____

Company Website: _____

Contact name: _____ Cell: _____ Email: _____

Does major shareholder (>30% shares) consent to do soft credit check? Yes No

Name: _____ DOB: _____

Home address: _____

Insurance History

Are you first time insurance buyer? Yes No

What is your current insurance policy # and expiry date, if any? _____

How many claim free year you have (continue insurance without loss/claim)? _____

What is the reason for remarketing? _____

Do you have losses/claims in the past 5 years? Yes, see remark for date of loss, cause & details No

Has any insurance company declined cancelled refused or indicated an intent not to renew your policy? Yes, see remark for details & reason No

Insurance request

Which day do you need the insurance? _____

What is the address of the insured location? _____

Are you the owner of the insured location? Yes No

What is the occupancy of the insured location? Applicant Tenant Vacant Under Construction

Do you have mortgage on this location? Yes, See remark for Name & Address No

Do you have Additional Insured on this location? Yes, See remark for Name & Address No

Business Details

How many years this company established? _____

How many years of experiences do you have in business? _____

What is the expected gross receipts in coming year in Canada? \$ _____

Do you have any US sales? \$ _____

Do you have any foreign country sales? \$ _____



Building Information

What is the year built of the building?

If over 20 years, what is the updating year of building?

Roofing:

Plumbing:

Heating:

Electricity:

What is the building type?

Condo Building Shopping Mall Office Building Strip Mall

Mixed Use Building Warehouse Other:

What is the construction type of the building?

Fire Resistant Wood Frame Combined Structural

HCB Block Other:

What is the total stories of the building?

What is the size (s.f.) of the insured location?

What is the neighbor's business on the left?

What is the neighbor's business on the right?

Does this location have fire sprinkler system?

Yes No

Does this location have surveillance system?

Yes No

Does this location have alarm system?

local burglar Monitor burglar Monitor fire No

What is the roofing type of the building?

Concrete Slat Roof Parking Steel Deck Tar and Gravel

Metal Other:

What is the heating type of the building?

Forced Air Heat Pump Baseboard Other:

What is the electricity type of the building?

Breaker Fuse Other:

What is the electricity wiring material?

Copper Aluminum Knob & Tube Other:

What is the electricity system amperage?

Below 100A 100A~199A 200A & Above

What is the plumbing type of the building?

Plastic Copper Other: Don't know. Only one washroom

Coverage and Limits

Commercial General Liability: \$

Building: \$

Content: \$

Improvement: \$

Equipment: \$

Stock: \$

Rental Income: \$

Business Interruption: Yes No

Earthquake: Yes No

Flood: Yes No

Water/Sewer Backup: Yes No

Equipment Breakdown: Yes No

Other Coverage required:



CAPSTONE
INSURANCE

Additional U/W Information

Do you have any other information need to disclose? Please state below:

PLEASE READ BEFORE SIGNING: 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 personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results.

I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Please submit to cl@capstoneins.ca