

**COMMERCIAL INSURANCE APPLICATION  
For members of the BCFCA**

DATE: \_\_\_\_\_

POLICY PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

INSURED: \_\_\_\_\_

NAME OF PRINCIPAL(S): \_\_\_\_\_

CONTACT/PHONE NO.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

# OF YEARS IN BUSINESS: \_\_\_\_\_ YEARS EXPERIENCE: \_\_\_\_\_

PREVIOUS CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_

PREVIOUS CARRIER DECLINED OR CANCELLED?  Yes  No

IF YES, PLEASE PROVIDE FULL DETAILS: \_\_\_\_\_

ANY CLAIMS IN LAST 5 YEARS?  Yes  No

IF YES, PLEASE PROVIDE FULL DETAILS: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY**

DESCRIPTION OF OPERATIONS: \_\_\_\_\_

ANNUAL GROSS RECEIPTS (SHOW REVENUE BY OPERATION): \_\_\_\_\_

US RECEIPTS: \_\_\_\_\_ FOREIGN RECEIPTS: \_\_\_\_\_

SUBLET RECEIPTS: \_\_\_\_\_ SUBLET OPERATIONS: \_\_\_\_\_

FULL DETAILS OF WORK AND COST OF SUBLET: \_\_\_\_\_

IS PROOF OF INSURANCE OBTAINED?  Yes  No LIMIT: \_\_\_\_\_

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**BUILDING DETAILS – LOCATION 1**  
(additional locations – make copies of this page)  
(please provide photograph where possible)

LOCATION ADDRESS (IF DIFFERENT FROM MAILING ADDRESS):

YEAR BUILT: \_\_\_\_\_ CONDITION: \_\_\_\_\_ # OF STORIES: \_\_\_\_\_  
AREA (SQ.FT/SQ.M): \_\_\_\_\_ WALL CONSTRUCTION: \_\_\_\_\_  
ROOF: \_\_\_\_\_ HEATING TYPE: \_\_\_\_\_ ELECTRICAL: \_\_\_\_\_  
SPRINKLERED (Y/N): \_\_\_\_\_ AUTOMATIC FIRE DETECTION (Y/N): \_\_\_\_\_  
DISTANCE TO FIREHALL: \_\_\_\_\_ DISTANCE TO HYDRANTS: \_\_\_\_\_  
WET CHEM. FIXED FIRE PROTECTION (MODEL #/NAME): \_\_\_\_\_  
OTHER OCCUPANTS/EXPOSING OCCUPANCIES: \_\_\_\_\_

***IF 35 YEARS OR OLDER, ADVISE UPDATES ON THE FOLLOWING:***

PLUMBING: \_\_\_\_\_ HEATING: \_\_\_\_\_ ROOF: \_\_\_\_\_ ELECTRICAL: \_\_\_\_\_

**CRIME PROTECTION**

ALARM (CENTRAL/MONITORED/LOCAL): \_\_\_\_\_  
NAME OF SYSTEM: \_\_\_\_\_ MONITORING COMPANY: \_\_\_\_\_  
DEAD BOLTS: \_\_\_\_\_ BARS ON ALL GLASS WINDOWS/DOORS: \_\_\_\_\_  
CLASS & TYPE OF SAFE: \_\_\_\_\_  
# OF EMPLOYEES HANDLING MONEY: \_\_\_\_\_ TOTAL # OF EMPLOYEES: \_\_\_\_\_  
MAXIMUM AMOUNT OF CASH ON PREMISES: \$ \_\_\_\_\_

**ADDITIONAL REMARKS**

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**COVERAGE REQUIRED:**

COVERAGE	LIMITS	FOR SHAW SABEY USE ONLY	
		RATES	PREMIUM
Building			
Stock			
Equipment			
Office Contents			
Electronic Data Protection			
Miscellaneous Property			
Business Interruption			
Extra Expense			
Commercial General Liability			
Tenants Legal Liability			

**OPTIONAL COVERAGES:**

- |               |                          |                    |                          |
|---------------|--------------------------|--------------------|--------------------------|
| Earthquake    | <input type="checkbox"/> | Glass              | <input type="checkbox"/> |
| Flood         | <input type="checkbox"/> | Boiler & Machinery | <input type="checkbox"/> |
| Sewer Back-up | <input type="checkbox"/> | Other: _____       | <input type="checkbox"/> |

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_