

2. Claims History (Last Five Years): Check here if none

Date of Loss	Description	Gross Amount Paid	Status of Claim (Open or Closed)

*Attach separate sheet if required.

3. Has any Insurer ever refused or canceled any insurance? YES NO
 If Yes, please provide details: _____

III. PROPERTY INFORMATION:

Note: The Property Information section must be completed for each building.

1. Year Built: _____ No. of Stories: _____ Total Sq Ft of Building: _____

2. Fully Sprinklered: YES NO Percentage of Partially Sprinklered Area: _____

3. Select the Construction Class, that best describes your building:

Frame A building where the exterior walls, bearings walls and partitions, and structural floors and roof, and their supports, are wood or light-gauge metal. This includes the use of other materials such as brick, stone veneer, stucco or metal siding.

Masonry A building that has the exterior walls constructed of brick, hollow or solid concrete block, concrete, gypsum block, clay tile, stone, or similar materials. The structural floors and roof are of wood or light-gauge metal.

Pre-Engineered Metal A building that has pre-engineered rigid steel framing. The exterior walls are of metal siding, sandwich panels, or masonry, and the roof is clad with metal roofing or sandwich panels.

Steel Frame A building where the structural floors and roof are of unprotected non-combustible materials such as metal decking or concrete on metal decking, and are supported by an unprotected structural steel frame.

Non-Combustible A building where the structural floors and roof, and their supports are of non-combustible construction with a fire rating of not less than one hour.

Fire Resistive A building where the structural floors and roof, and their supports are of materials such as precast or poured-in-place reinforced concrete, with a fire resistive rating of not less than two hours.

4. Heating: Electric Propane Natural Gas Oil Date of full renovation: _____

5. Electrical: Fuses or Breakers Wiring: Copper or Aluminum Date of full renovation: _____

6. Plumbing: Cooper Galvanized ABS Date of full renovation: _____

7. Alarms: Local Monitored Central Station Smoke Detectors

8. Distance to nearest fire hydrant: Within 500 Ft 500 to 1,000 Ft Over 1,000 Ft

9. Any Hazardous Materials on premise? YES NO
If YES, please provide details: _____

10. Any Flammable Liquids on premise? YES NO
If YES, please provide details: _____

11. Exposures and Distance:

Front: _____ Back: _____
Left: _____ Right: _____

PROPERTY – COVERAGE REQUIREMENTS

A. Building Coverage – Replacement Cost

Building 1: _____
Building 2: _____
Building 3: _____

Total Building Value(s): _____

B. Equipment/Contents Coverage – Replacement Cost

Plant Equipment: _____
Tenant Improvements: _____
Office Contents: _____
Computer: Hardware _____ Software _____
All Other Contents: _____

Total Equipment/Contents: _____

C. Stock/Inventory – Replacement Cost

Finished Inventory: _____
Raw Materials: _____
Work in Progress Inventory: _____
Plates and Other Inventory _____

Total Stock/Inventory: _____

D. Mobile Equipment (Forklifts, etc.)

Mobile Equipment less than 5 years old (replacement cost): _____
Mobile Equipment greater than 5 years old (actual cash value): _____

Total Mobile Equipment: _____

E. Business Interruption

Profits Form (Net profit + continuing expense): _____
Total Revenue: _____
Profit Margin: _____

Business Interruption Limit: _____

IV. CRIME INFORMATION

1. How often and by whom are audits of cash & accounts preformed?

2. How often and by whom are inventory counts conducted?

3. Are bank accounts reconciled on a monthly basis? YES NO

4. Is reconciliation done by someone not authorized to deposit or withdraw? YES NO

5. Are countersignatures required on cheques over \$1,000? YES NO

6. Is a cheque signing machine used? YES NO

7. Total number of Class 1 Employees (*)? _____

8. Attach list of Class 1 Employees, including name, title, and number of years employed.

***Class 1 Employees are all officers as well as other employees who handle, have custody or maintain records of money, securities or other property.**

V. COMMERCIAL GENERAL LIABILITY

1. Premise Information

A. How long has the applicant been in business at this location? _____

B. Describe the activities for each location. _____

C. Is the location fenced? YES NO

D. Is the location equipped with emergency lighting? YES NO

2. Does applicant have any interest as owner, lessee or tenant in the following:

A. Freight and/or passenger elevator? YES NO

If YES, specify number, type, capacity, use and location: _____

B. Vacant Lots? YES NO

If YES, specify location, area, use: _____

C. Owned watercraft? YES NO

If YES, specify number, type, length, H.P.: _____

D. Leased or chartered watercraft? Leased Chartered

Please specify number, type, length, H.P.: _____

E. Aircraft? Owned Non-Owned

Please specify the numbers and annual cost: _____

3. Does the applicant have any U.S. Operations? YES NO

If YES, please provide details: _____

4. Does the applicant have any U.S. Locations? YES NO

If YES, list all locations: _____

5. Number of employees and annual payroll:

	Canada	U.S.A.	Other
No. of employees:			
Annual Payroll:			

6. Does applicant handle any material that could cause pollution? YES NO
 If YES, please describe: _____

VI. INCIDENTAL MALPRACTICE LIABILITY

1. Does applicant operate a hospital, a clinic or first aid facility? YES NO
 If YES, please specify the following:

	Full Time	Part Time
Number of doctors?	_____	_____
Number of Nurses?	_____	_____

2. Is individual liability of employed doctors and nurses covered by insurance? YES NO
 If YES, what are the limits of insurance provided: _____

VII. CONTRACTUAL LIABILITY

1. Does applicant assume any liability, by contract, verbal or written agreement? YES NO
 If YES, attach wording of such contract or written agreements.

VIII. PRODUCTS LIABILITY

1. Sales/receipts estimate for the next 12 months:

	CDN Sales	U.S. Sales	Other
Roof Truss Manufacturing			
Floor Truss Manufacturing			
Wall Panel Manufacturing			
Wholesale "I" Joists			
Wholesale Distribution of Building Components			
Wholesale/Retails Distribution of Building Supplies			
Other Products (Describe)			

2. How many years has each product been offered

Product	No. of Years
Roof Truss Manufacturing	
Floor Truss Manufacturing	
Wall Panel Manufacturing	
Wholesale "I" Joists	
Wholesale Distribution of Building Components	
Wholesale/Retails Distribution of Building Supplies	
Other Products (Describe)	

3. Give the name of the three largest customers and annual sales:

- A. _____
- B. _____
- C. _____

4. Who performs the installation/maintenance of the applicant's product(s)?

- A. Applicant
- B. Customer
- C. Third Party hired by:
 - (1) Customer
 - (2) Applicant

If more than one method used, please explain: _____
If applicant performs these services, state payroll: _____

5. Have any products been discontinued? YES NO

If YES, please explain: _____

6. Does applicant retain the liability for any products or operations which they no longer control?

YES NO

If YES, please explain: _____

7. Have any products been acquired by merger or acquisition? YES NO

If YES, please explain: _____

8. Did the applicant assume liability for the products that were acquired by merger or acquisition?

YES NO

If YES, please explain: _____

9. Will any new products be introduced in the next 12 months? YES NO

If YES, please explain: _____

10. Do you import products or component parts? YES NO

If YES, please explain: _____

11. Has the applicant ever recalled products due to a potential safety hazard or provided material or information for a retrofit of one of your products? YES NO

If YES, attach details and state percentage of product retrofitted or recovered. _____

12. Have any of your products ever been subject to inquiry or investigation relative to product safety by a governmental agency? YES NO

If YES, please explain: _____

13. Can your products be identified from the products of your competitors? YES NO

If YES, please explain: _____

14. Does the applicant require certificates of insurance from your suppliers? YES NO

15. Are the products designed, tested, labeled and manufactured to meet or exceed all industry or government standards? YES NO

16. Are there written procedures for the handling of complaints about your products and accidents/injuries involving your products? YES NO

17. Is written record of all such complaints, accidents, injuries maintained? YES NO

18. Who is the individual or the department responsible to maintain these records?

IX. OTHER EXPOSURES

Is the applicant subject to the following risks?

- 1. Work is sublet to sub-contractors or independent contractors? YES NO
If YES, please specify type of work: _____
- 2. Advertising? YES NO
If YES, please give description: _____
If YES, please give estimated annual advertising expenditure. _____
Is advertising Agency used? YES NO

X. EMPLOYER'S LIABILITY

- 1. Is Workman's Compensation Insurance available in all provinces in which the applicant conducts business?
YES NO
If YES, does applicant take advantage of it? YES NO
If NO, specify provinces and payroll: _____

COMMERCIAL GENERAL LIABILITY – COVERAGE REQUIREMENTS

- A. Limit of Insurance: \$2 million \$5 million
General Aggregate: \$5 million
- B. Deductible: \$2,500 \$5,000 \$10,000 \$25,000

XI. AUTOMOBILE

- 1. Number of vehicles owned or leased – please attach a schedule showing the breakdown per Province, the complete address for each garage location:

	Owned	Leased
Private		
Light		
Heavy		
Motorized Equipment		
Trailers		
Buses		

- 2. Number of employees using their cars for company business: _____
- 3. Are vehicles utilized for long haul (> 100 miles)? YES NO
Are vehicles utilized in the United States? YES NO
If YES, which states? _____
If YES, specify what is transported:
Products of the Insured Products of Others Both
- 4. Are vehicles utilized in the transportation of flammable, caustic or explosive substances?
YES NO
- 5. Describe any non-owned automobile exposure: _____

COMMERCIAL AUTOMOBILE – COVERAGE REQUIREMENTS

- A. Limits of Liability: \$2 million \$5 million
- B. Deductible: \$2,500 \$5,000 \$10,000 \$25,000

C. Please list any required coverage other than the statutorily approved provincial mandate coverages:

The First Named Insured on behalf of all proposed Insured(s) warrants it has the authority to so act and that upon its inquiry all statements herein are true and correct to the best of its knowledge and that no material facts have been suppressed or misstated.

Date: _____

Authorized Representative

Title