

COMMERCIAL INSURANCE APPLICATION
For members of Retail BC

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: _____ LIQUOR SALES: _____

US RECEIPTS: _____ FOREIGN RECEIPTS: _____

SUBLET RECEIPTS: _____ SUBLET OPERATIONS: _____

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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: _____