



CanWell Insurance and Financial Services Inc.

Commercial Insurance Application Form

Brokerage Information:

Office:	CanWell Insurance and Financial Services Inc.
Marketer:	
Producer:	

Client Information:

Name:		
	Account number:	

Postal Address:

Address:			
City:	Province:		
Country:	Postal Code:		
Phone:	Web Site:		
Fax:	E-mail:		

More phone numbers:

	<input type="checkbox"/> Main	<input type="checkbox"/> Direct	<input type="checkbox"/> Toll	<input type="checkbox"/> Fax	<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Other
	<input type="checkbox"/> Main	<input type="checkbox"/> Direct	<input type="checkbox"/> Toll	<input type="checkbox"/> Fax	<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Other
	<input type="checkbox"/> Main	<input type="checkbox"/> Direct	<input type="checkbox"/> Toll	<input type="checkbox"/> Fax	<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Other

Client Contacts:

Position: Accountant CEO Insured Manager Owner President Principal/Partner Secretary Vice President
Other: Main Direct Toll Fax Pager Cell Home

Last Name	First Name	Mr./Ms./Dr.	Position	Phone	E-mail	Other

Business Operations:

Industry Code:

Description of operations:

Claims Information:

Loss Date	Type	Description	Amount Paid	Reserve

Previous Policy Information:

Insurer: Broker:
Policy #: Premium: Prev. Term: From: To:

If renewal was not being offered please explain below:

Location Information:

General:

Location number: This location is Urban Rural

Address:

City: <input type="text"/>	Province: <input type="text"/>
Country: <input type="text"/>	Postal Code: <input type="text"/>

Inspection:

This risk was not inspected Date risk was inspected:

This risk is: Excellent Good Very Good Average Fair Poor

Coding:

Municipal fire protection zone: Fire Protection Grade:

Risk Information:

General:

Type: Commercial Building Commercial Equipment Commercial Stock Other Commercial Risk

Notes:

Limit:

Construction:

Stories:

<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Non-combustible masonry walls	<input type="checkbox"/> Non-combustible non-masonry walls	<input type="checkbox"/> Masonry
<input type="checkbox"/> Masonry veneer	<input type="checkbox"/> Frame & all others		

<input type="checkbox"/> Steel deck	<input type="checkbox"/> Tar paper	<input type="checkbox"/> T & G	<input type="checkbox"/> Metal
<input type="checkbox"/> Slate	<input type="checkbox"/> Tile	<input type="checkbox"/> Asphalt shingles	<input type="checkbox"/> Wood shingles
<input type="checkbox"/> Wood shakes	<input type="checkbox"/> Rubber	<input type="checkbox"/> Plastic	
<input type="checkbox"/> Other describe			

<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Non-combustible masonry walls	<input type="checkbox"/> Non-combustible non-masonry walls	<input type="checkbox"/> Masonry
<input type="checkbox"/> Masonry veneer	<input type="checkbox"/> Frame & all others		

Area: Ft² m² Year built:

<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Non-combustible masonry walls	<input type="checkbox"/> Non-combustible non-masonry walls	<input type="checkbox"/> Masonry
<input type="checkbox"/> Masonry veneer	<input type="checkbox"/> Frame & all others	<input type="checkbox"/> Not applicable	

Electrical:	<input type="checkbox"/> Breakers	<input type="checkbox"/> Fuses	<input type="checkbox"/> Breakers & fuses	
-------------	-----------------------------------	--------------------------------	---	--

Plumbing:	<input type="checkbox"/> Copper	<input type="checkbox"/> Lead	<input type="checkbox"/> Plastic (PVC or CVS)	<input type="checkbox"/> Galvanized
	<input type="checkbox"/> Stainless steel	<input type="checkbox"/> Steel		

Heating:	<input type="checkbox"/> None	<input type="checkbox"/> Duct furnace	<input type="checkbox"/> Boiler	<input type="checkbox"/> Radiant
	<input type="checkbox"/> Electric	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Furnace (central)	<input type="checkbox"/> Floor furnace
	<input type="checkbox"/> Space heater	<input type="checkbox"/> Other describe		

Fuel:	<input type="checkbox"/> Oil	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Steam
	<input type="checkbox"/> Wood	<input type="checkbox"/> Electric	<input type="checkbox"/> Other describe	

Renovations:

None known:

<input type="checkbox"/> Electrical:	Year:		Complete/Partial:	
<input type="checkbox"/> Plumbing:	Year:		Complete/Partial:	
<input type="checkbox"/> Heating:	Year:		Complete/Partial:	
<input type="checkbox"/> Roof:	Year:		Complete/Partial:	

Fire Protection:

Hydrants:	<input type="checkbox"/> Unprotected	<input type="checkbox"/> Within 150m	<input type="checkbox"/> Within 300m	<input type="checkbox"/> Over 300m
-----------	--------------------------------------	--------------------------------------	--------------------------------------	------------------------------------

Fire:	<input type="checkbox"/> Not specified	<input type="checkbox"/> Within 5k	<input type="checkbox"/> Within 8k	<input type="checkbox"/> Within 13k
Department:	<input type="checkbox"/> Over 13k			

Extinguishing: System Type:	<input type="checkbox"/> Portable Extinguisher(s)	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> None	<input type="checkbox"/> Comb. Portable & Sprinkler
	<input type="checkbox"/> Other (describe)			

Extinguishing: Agent Type:	<input type="checkbox"/> Water	<input type="checkbox"/> Chemical	<input type="checkbox"/> Carbon dioxide	<input type="checkbox"/> Foam
	<input type="checkbox"/> Halon	<input type="checkbox"/> Dry Chemical	<input type="checkbox"/> Automatic CO2	

Fire Alarm:	<input type="checkbox"/> None	<input type="checkbox"/> Complete	<input type="checkbox"/> Central Station	<input type="checkbox"/> Monitoring station (full)
	<input type="checkbox"/> Monitoring station (shared)	<input type="checkbox"/> Local alarm	<input type="checkbox"/> Other (describe)	

Coverage: %	<input type="checkbox"/> Standpipe & hose
-------------	---

Other:	

Crime Protection:

Protection Types:

<input type="checkbox"/> Doors – deadbolt	<input type="checkbox"/> Breakage resistant glass	<input type="checkbox"/> Windows - barred	<input type="checkbox"/> Windows – wire mesh
<input type="checkbox"/> Steel bars on openings	<input type="checkbox"/> Surveillance cameras	<input type="checkbox"/> Watchmen/security guards	<input type="checkbox"/> Fence
<input type="checkbox"/> Guard Dog	<input type="checkbox"/> Windows – ULC security film	<input type="checkbox"/> Additional combination lock	<input type="checkbox"/> Additional key
<input type="checkbox"/> Alarm ‘fine wire’ protecting openings	<input type="checkbox"/> Common tenant walls reinforced with steel mesh	<input type="checkbox"/> Exterior lighting	<input type="checkbox"/> Electronic lock
<input type="checkbox"/> Entrance visible from street	<input type="checkbox"/> Exterior doors of sturdy construction, inside hinges	<input type="checkbox"/> Hold-up buttons	<input type="checkbox"/> Metal loading doors, secured internally
<input type="checkbox"/> Motion sensitive lighting	<input type="checkbox"/> Multiple lock styles	<input type="checkbox"/> Perimeter fence and lockable gate	<input type="checkbox"/> Property/lot illuminated at night
<input type="checkbox"/> Skylight/Roof AC openings blocked off	<input type="checkbox"/> Steel post (front & rear) to prevent vehicle entry	<input type="checkbox"/> Stock secured – separate enclosure	<input type="checkbox"/> Stockroom ceiling entirely covered by motion sensor
<input type="checkbox"/> Warehouse area alarmed separately from office	<input type="checkbox"/> Warning signs	<input type="checkbox"/> Windows – Glass breakage detectors	

Burglar Alarm:

<input type="checkbox"/> None	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> Central Station
<input type="checkbox"/> Monitoring station (full)	<input type="checkbox"/> Monitoring station (partial)	<input type="checkbox"/> Local	
<input type="checkbox"/> Other (describe)			

Safe Type:

<input type="checkbox"/> Fire	<input type="checkbox"/> Burglary	<input type="checkbox"/> Vault	<input type="checkbox"/> None
-------------------------------	-----------------------------------	--------------------------------	-------------------------------

Safe Class:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 5			

Other:

Occupancy:

Insured:

Others:

Liability Information:

Business Information:

In business since: # of employees : f/t: p/t: Covered by WCB

Exposure rating basis:

Revenue:

Annual gross receipts:

Canadian %:

US %:

Foreign %:

Payroll:

Annual Payroll:

Unit:

Units:

Base Unit:

Liquor liability:

Is there any liquor liability: Yes No

Receipt splits: Liquor \$: Food \$: Other \$:

Notes:

Misc.:

Notes:

Broker declaration:

I have known this client since _____ (month) _____ (year)

Policy Information:

Period of Coverage: From: To:

Package Name:

Schedule of Coverages

PROPERTY		Deductible	Co-Ins	Limit
<input type="checkbox"/> Accounts Receivable (Broad)				
<input type="checkbox"/> Bailees' Customers	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Builders Risk	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Building, Equipment and Stock	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Building <input type="checkbox"/> Replacement Cost				
<input type="checkbox"/> Equipment <input type="checkbox"/> Replacement Cost				
<input type="checkbox"/> Stock				
<input type="checkbox"/> Commercial Condominiums (Broad)				
<input type="checkbox"/> Contents of Every Description (COED)	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Equipment <input type="checkbox"/> Replacement Cost				
<input type="checkbox"/> Stock				
<input type="checkbox"/> Contractor's Equipment	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Difference in Conditions				
<input type="checkbox"/> Electronic Data Processing Systems (Broad)				
<input type="checkbox"/> Equipment Dealer's Stock and Equipment	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Stock				
<input type="checkbox"/> Equipment				
<input type="checkbox"/> Exhibition Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Fine Arts Floater (Broad)				
<input type="checkbox"/> Furriers Block (Broad)				
<input type="checkbox"/> Furriers Customers – Custody Rider (Broad)				
<input type="checkbox"/> Furriers Customers – Legal Liability Rider (Broad)				
<input type="checkbox"/> Heavy Equipment in Use	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Installation Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Installment Sales Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Jewellers Block (Broad)				
<input type="checkbox"/> Misc. Property Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Misc. Wording (Broad)				
<input type="checkbox"/> Misc. Wording (Named)				
<input type="checkbox"/> Motor Truck Cargo – Owner's	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Motor Truck Cargo – Truckmen's	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Office Contents (Broad)				
<input type="checkbox"/> Other Bailees Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Other Construction	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Other Misc. Floaters	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Other Sales Operations	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Other Transportation	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Property of Every Description (POED)	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Building <input type="checkbox"/> Replacement Cost				
<input type="checkbox"/> Equipment <input type="checkbox"/> Replacement Cost				
<input type="checkbox"/> Stock				
<input type="checkbox"/> Real Property	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Residential Condominiums (Broad)				
<input type="checkbox"/> Signs Floater (Broad)				
<input type="checkbox"/> Small Equipment in Use	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Tool Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Transportation Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Trip Transit (Broad)				
<input type="checkbox"/> Valuable Papers & Records (Broad)				
<input type="checkbox"/> Warehouseman's Legal Liability				

BUSINESS INCOME		Deductible	Co-Ins	Limit
<input type="checkbox"/> Business Income	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Earnings – No Co-Insurance	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Extended Business Income	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Extended Rental Income	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Extra Expense	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Broad <input type="checkbox"/> Named			

BUSINESS INTERRUPTION		Deductible	Co-Ins	Limit
<input type="checkbox"/> Earnings – No Co-Insurance	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Extra Expense	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Gross Earnings–Manufacturing	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Gross Earnings–Mercantile or Non-Manufacturing				
<input type="checkbox"/> Gross Rentals	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Misc. Wording (Broad)				
<input type="checkbox"/> Misc. Wording (Named)				
<input type="checkbox"/> Other Business Interruption	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Profits (Broad/Named)	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Rent or Rental Value	<input type="checkbox"/> Broad <input type="checkbox"/> Named			

CRIME		Deductible	Co-Ins	Limit
<input type="checkbox"/> Church Theft				
<input type="checkbox"/> Comprehensive 3 D				
<input type="checkbox"/> Damage to Building by Burglary or Robbery				
<input type="checkbox"/> Depositors Forgery				
<input type="checkbox"/> Employee Dishonesty (Individual)				
<input type="checkbox"/> Employee Dishonesty (Scheduled - attach)	<input type="checkbox"/> Name <input type="checkbox"/> Position			
<input type="checkbox"/> Misc. Wording				
<input type="checkbox"/> Money & Securities	<input type="checkbox"/> Broad <input type="checkbox"/> Robbery			
<input type="checkbox"/> Money Orders & Counterfeit Paper Currency				
<input type="checkbox"/> Office Burglary & Robbery	<input type="checkbox"/> 4 point <input type="checkbox"/> 7 point			
<input type="checkbox"/> Safe Burglary				
<input type="checkbox"/> Safe Deposit Box Burglary & Robbery				
<input type="checkbox"/> Safe Deposit Box Securities (Broad)				
<input type="checkbox"/> Stock & Equipment Burglary				
<input type="checkbox"/> Store Burglary & Robbery (Seven Point)				

LIABILITY		Deductible	Co-Ins	Limit
<input type="checkbox"/> Commercial General Liability (Occurrence Form)				
<input type="checkbox"/> Comprehensive General Liability				
<input type="checkbox"/> Directors' & Officers Liability	<input type="checkbox"/> Profit <input type="checkbox"/> Non profit			
<input type="checkbox"/> Employees' Bodily Injury Liability				
<input type="checkbox"/> Excess Liability				
<input type="checkbox"/> Misc. Wording				
<input type="checkbox"/> Non-Owned Automobile Liability (SPF 6)				
<input type="checkbox"/> Pollution Liability				
<input type="checkbox"/> Professional Liability				
<input type="checkbox"/> Tenants' Legal Liability	<input type="checkbox"/> Broad <input type="checkbox"/> Limited			
<input type="checkbox"/> Voluntary Compensation				
<input type="checkbox"/> Worldwide Non-owned Automobile Liability				
<input type="checkbox"/> Wrap-up Liability				

UMBRELLA		Deductible	Co-Ins	Limit
<input type="checkbox"/> Misc. Wording				
<input type="checkbox"/> Umbrella Liability				

MACHINERY BREAKDOWN		Deductible	Co-Ins	Limit
<input type="checkbox"/> Machinery Breakdown				
<input type="checkbox"/> Business Interruption (Actual Loss)				
<input type="checkbox"/> Business Interruption (Extra Expense)				
<input type="checkbox"/> Business Interruption (Gross Earnings)				
<input type="checkbox"/> Business Interruption (Loss of Profit)				
<input type="checkbox"/> Business Interruption (Rent or Rental Value)				
<input type="checkbox"/> Misc. Wording				

OTHER		Deductible	Co-Ins	Limit
<input type="checkbox"/> Additional Insured				
<input type="checkbox"/> Blanket Machinery Breakdown				
<input type="checkbox"/> Exclusion of Asbestos Related Claims				
<input type="checkbox"/> Fees to Substantiate Loss				
<input type="checkbox"/> Glass				
<input type="checkbox"/> Misc. Wording				

