



COMMERCIAL INSURANCE APPLICATION

SECTION 1 - APPLICANT INFORMATION

1. Type of transaction:
 New business Renewal

2. Applicant's name: _____

3. Legal status:
 Individual
 For-profit company
 Non-profit company
 Other: _____

Name of owners and/or managers	Date of birth (dd/mm/yyyy)

4. Applicant's mailing address: _____

5. Phone number: _____

6. Email: _____

7. Website: _____

8. In business in this area since (année| year): _____

9. Experience in the area since (année| year): _____

SECTION 2 - HISTORY OF APPLICATION

1. Actual insurer: _____

2. Policy number: _____

3. Expiration date: _____

4. Docket? Yes No
 If Yes, explain: _____

5. Has any insurer cancelled or refused insurance to the applicant? Yes No
 If Yes, why? _____



6. Has the applicant suffered any losses or notified his insurer of any possible claims within the past five (5) years?
If Yes, give details:

Yes No

Date (dd/mm/yyyy)	Type	Open or close	\$ Amount	Description

7. Accident prevention measures

SECTION 3 - DESCRIPTION OF PHYSICAL RISK

Use additional forms for each location, if necessary.
Location number: _____

1. Location address:

2. Applicant's activity:

3. Other activities in the building:



4. Construction

Year built _____

Number of stories _____

Basement Yes No

Square feet _____

Total square feet (including basement) _____

Walls _____

Floors _____

Roof _____

Roof material _____

Electricity _____

Panel type _____

Type of wiring _____

Heating _____

Primary heating type _____

Primary fuel type _____

Plumbing _____

Plumbing supply type _____

Water heater

Less than 10 years

More than 10 years

By-pass valve Yes No

5. Renovation updates

Type	Year	<input type="checkbox"/> Full	<input type="checkbox"/> Partial
Electrical	_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial
Plumbing	_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial
Chauffage	_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial
Roof	_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial

6. Neighboring

	Activities	Construction	Distance (feet)
Left			
Right			
Back			

7. Fire protection

Municipal fire protection zone _____

Fire protection grade _____

Fire alarm system _____

Portable extinguishers Yes No

If Yes, number _____

Sprinklered Yes No

If Yes, what percentage _____



8. Burglary and crime protection

- Burglary alarm system _____
- Other physical protection _____
- Dead bolt door locks
- Single cylinder
- Double cylinder
- None

Window bars

Yes No

Surveillance cameras

Yes No

Fence

Yes No

Watchman, security guards

Yes No

Guard dog

Yes No

Exterior lighting

Yes No

Entrance visible from street

Yes No

SECTION 4 - OTHER INFORMATION

Description des activités Description of activities	Annual income (\$)			
	Canada	Ontario	United States	Elsewhere

1. If income comes from outside Canada and/or the United States, specify:

Type	Name	Mailing address
<input type="checkbox"/> Additional insured <input type="checkbox"/> Loss payee		
<input type="checkbox"/> Additional insured <input type="checkbox"/> Loss payee		
<input type="checkbox"/> Additional insured <input type="checkbox"/> Loss payee		



SECTION 5 - COVERAGES

Coverage	Limit	Deductible
Building <input type="checkbox"/> Replacement cost <input type="checkbox"/> Actual cash value <input type="checkbox"/> Property of every description		
Equipment <input type="checkbox"/> Replacement cost <input type="checkbox"/> Actual cash value <input type="checkbox"/> Property of every description <input type="checkbox"/> Contents of every description		
Stock <input type="checkbox"/> Replacement cost <input type="checkbox"/> Actual cash value <input type="checkbox"/> Property of every description <input type="checkbox"/> Contents of every description		
Office contents		
Computer equipment		
Indirect damages		
Legal provisions		
Earthquake		
Flood		
Sewer back up		
Equipment breakdown		
Business interruption <input type="checkbox"/> Extra expense <input type="checkbox"/> Gross earnings <input type="checkbox"/> Profits <input type="checkbox"/> Rental		
Other coverage: _____		

SECTION 6 - CRIME

Coverage	Limit	Deductible
Employee dishonesty bond		
Money & securities		
Depositors forgery		
Money orders and counterfeit paper		
Other coverage: _____		
Other coverage: _____		



I hereby confirm that the information given above and in any attached sheet(s) is true and correct.

Name of person completing this application: _____

Position: _____

Date: _____

Applicant's signature: _____

Please send the completed, signed and dated application to underwriting@revau.com.