



PACKAGE INSURANCE APPLICATION

SECTION 1 - GENERAL INFORMATION

1. Applicant's name: _____
2. Applicant's address: _____
3. New policy Renewal policy
4. Individual Corporation
5. Contact name: _____
6. Phone number: _____
7. Name of previous insurer: _____
8. Expiry date: _____
9. Description of operations: _____
10. Years in business: _____
11. Years of related prior experience: _____
12. Number of employees: _____
13. Annual gross receipts: _____
14. Percentage of gross receipts:

Canadian	%	
United States	%	
Foreign	%	
15. Exposures: Clear all directions or

Left: _____
Right: _____
Behind: _____

SECTION 2 - LOSS HISTORY

1. Have there been any losses or claims by the applicant in the past 5 years? Yes No
 If Yes, please complete chart below:

Loss date	Location	Cause	Status	Paid amount	Reserve amount	Insurance Company



SECTION 3 - RISK LOCATION AND COPE

Use additional forms for each location, if necessary.

Location number: _____

1. Location address: _____

2. Occupancy percentage

By applicant _____

By others _____

3. 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

4. Renovation updates

Type

Year

Electrical _____

Plumbing _____

Chauffage _____

Roof _____

Full

Partial

Full

Partial

Full

Partial

Full

Partial

5. Fire protection

Municipal fire protection zone _____

Fire protection grade _____

Fire alarm system _____

Sprinklered Yes No

Si Oui, quel pourcentage | If Yes, what percentage _____



6. Burglary and crime protection

Burglary alarm system _____
 Other physical protection _____

Dead bolt door locks

Single cylinder

Double cylinder

None

Window bars

Surveillance cameras

Fence

Watchman, security guards

Guard dog

Exterior lighting

Entrance visible from street

Yes No

SECTION 4 - ADDITIONAL INSURED AND LOSS PAYEES

Type	Name	Mailing address
<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		
Earthquake		
Flood		
Sewer back up		
Equipment breakdown		
Business interruption <input type="checkbox"/> Extra expense <input type="checkbox"/> Gross earnings <input type="checkbox"/> Profits		
Other coverage: _____		



SECTION 6 - CRIME

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

SECTION 7 - LIABILITY

Coverage	Limit	Deductible
Commercial general liability		
Bodily injury and property damage (per occurrence)		
Products and completed operations aggregate		
Personal injury		
Advertising liability		
Medical payments		
Tenant's legal liability		
SPF 6 - Non-owned automobile		
SEF 94 - Legal liability for damage to hired automobiles		
Other coverage: _____		

SECTION 8 - APPLICANT'S SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

Completion of this application is not a guarantee of coverage. Coverage may be offered upon review and approval of the underwriter. If a quotation is put forward, it will contain various Terms, Conditions and Exclusions. It is recommended that you examine the quotation with your Insurance Broker before acceptance.

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: _____

Applicant's signature: _____ Date: _____

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