

PACKAGE INSURANCE APPLICATION

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 occupied by applicant _____

Occupancy by others _____

3. Construction

Year built _____

Number of stories _____

Square feet _____

Walls _____

Floors _____

Roof _____

4. Mses à jour sur les rénovations | Renovation updates

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

5. Fire protection

Municipal fire protection zone _____

Fire protection grade _____

Fire alarm system _____

Sprinklered _____

☐ Yes ☐ No

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

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

SECTION 4 - 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 5 - 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 6 - CRIME

Coverage	Limit	Deductible
Employee Dishonesty Bond		
Money & Securities		
Depositors Forgery		
Money Orders and Counterfeit Paper		
Other coverage:		

SECTION 7 - ADDITIONAL INSURED AND LOSS PAYEES

Type	Nom Name	Adresse postale Mailing Address
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee		
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee		

SECTION 8 - APPLICANT'S SIGNATURE

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: _____

Date: _____

Applicant's signature: _____

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