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# Application

## Commercial Property Insurance

**Submitting Broker, please complete the following to assist us in processing this submission:**

Name of Brokerage: \_\_\_\_\_  
 Name of Broker Contact: \_\_\_\_\_  
 Brokerage Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 For renewal purposes only: Policy Number: \_\_\_\_\_ ISN (Client's Number): \_\_\_\_\_

**THE APPLICANT**

- Name of Organization or Legal Entity (Applicant Company) including any subsidiaries:  
 \_\_\_\_\_  
 (Please show the complete name as you wish it to appear on the policy.)
- Address (not PO Box): \_\_\_\_\_  
 \_\_\_\_\_
- Website: \_\_\_\_\_
- Number of years at this location: \_\_\_\_\_
- Number of years in business: \_\_\_\_\_
- Nature of Operation: \_\_\_\_\_
- (a) Name of Previous Carrier: \_\_\_\_\_  
 (b) Expiry Date: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_

**LOCATION INFORMATION (COMPLETE FOR EACH LOCATION COVERED)**

- Location:  Same as above-noted  Other: \_\_\_\_\_
- (a) Is the building owned by the Applicant? YES  NO   
 (b) Area occupied by the Applicant: \_\_\_\_\_  
 (c) Number of storeys: \_\_\_\_\_ Year Built: \_\_\_\_\_
- Please indicate the following:
 

(a) Wall Construction:	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick and Wood Frame	<input type="checkbox"/> Masonry
	<input type="checkbox"/> Steel	<input type="checkbox"/> Insulated Metal Panels	<input type="checkbox"/> Exterior Insulation and Finish Systems
	<input type="checkbox"/> Other: _____		

(b) Roof Construction:	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Steel Deck	<input type="checkbox"/> Reinforced Concrete
	<input type="checkbox"/> Plank on Timber	<input type="checkbox"/> Concrete on Steel	<input type="checkbox"/> Other: _____

(c) Floor Construction:  Wood Joist       Reinforced Concrete       Plank on Timber  
 Concrete on Steel       Other: \_\_\_\_\_

(d) Dates and Extent of Updates: (i) Roof: \_\_\_\_\_  
(ii) Wiring: \_\_\_\_\_  
(iii) Plumbing: \_\_\_\_\_  
(iv) Heating: \_\_\_\_\_

(e) Number of storeys that are occupied: \_\_\_\_\_

(f) Total square footage of occupied space: \_\_\_\_\_

11. Adjacent Exposing Occupancies

North: \_\_\_\_\_ East: \_\_\_\_\_  
South: \_\_\_\_\_ West: \_\_\_\_\_

12. (a) Fire Protection:  Hydrant within 300 metres       Fire Station within 5 km       Unprotected (no hydrants)  
(b) Fire Department:  Full Time       Composite       Volunteer  
(c) Fire Alarm:  None       Local       Central Station  
(c) Sprinklers:  None       Partial \_\_\_\_%       Located in: \_\_\_\_\_       Yes 100%  
(d) Burglar Alarm:  None       Local       Central Station       Other: \_\_\_\_\_

13. Are all doors equipped with double cylinder deadbolt locks? YES  NO

If no, please describe protection: \_\_\_\_\_  
\_\_\_\_\_

15. Loss Payee(s) and Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Mortgagees: \_\_\_\_\_

**COVERAGES, LIMITS AND NOTES**

17.	Location 1	Location 2	Location 3
Property Values	Limit:	Limit:	Limit:
Building			
Equipment			
Stock			
Tenants' Improvements			
Office Contents			
Miscellaneous Tools			
Contractor's Equipment			
Unscheduled Contractor's Equipment			
EDP Equipment			
EDP Data Media			
Customer Goods			
Property of Others			
Transit			
Extra Expense			
Profits			
Rents			
Other (please specify): _____			

Note: If more than three locations, please attach a separate sheet (copy this page to add the additional information).

18.	Crime	Limit:	Deductible:
	Employee Dishonesty		
	Loss Inside the Premises		
	Loss Outside the Premises		
	Money Orders and Counterfeit Currency		
	Depositors Forgery		
	Lessees Safe Deposit Box Burglary and Robbery		

19. (a) Total Number of Class 1 Employees: \_\_\_\_\_

(b) Total Number of Employees: \_\_\_\_\_

(Class 1 Employee refers to all officers and employees who, as part of their regular duties, handle, have custody of or maintain records of money, securities and other property.)

20. Are all doors equipped with double cylinder deadbolt locks? YES  NO

21. (a) What type of alarms do you have at each of your locations?

- Hold-Up Alarm  
 Local Alarm  
 Premises Alarm  
 Central Station Monitored Alarm  
 Safe Alarm

(b) If alarms differ from location to location, please specify:

\_\_\_\_\_  
 \_\_\_\_\_

(c) Who installs and services your alarms?

\_\_\_\_\_  
 \_\_\_\_\_

**Please attach a copy of your alarm certificate to this application.**

22. Internal Controls

(a) Are your systems designed so that no one employee can control a transaction from beginning to end (e.g., approve an invoice, request and sign a cheque)? YES  NO

(b) Are bank accounts reconciled by someone not authorized to deposit or withdraw? YES  NO

(c) Is countersignature of all cheques required? YES  NO

If yes, above what amount? \$ \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

(d) Are accounts receivable randomly verified by direct contact with customers? YES  NO

23. Unique/Significant Exposures

Indicate if you have or perform any of the following (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Precious metals or gemstones | <input type="checkbox"/> Narcotics                                      |
| <input type="checkbox"/> Managed assets of others     | <input type="checkbox"/> Computer chips                                 |
| <input type="checkbox"/> Warehousing operations       | <input type="checkbox"/> Proprietary trading activity                   |
| <input type="checkbox"/> Valuable collections         | <input type="checkbox"/> Care, custody and control of client's property |

If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. Flood? YES  NO
25. Earthquake? YES  NO

### **EQUIPMENT BREAKDOWN**

26. (a) Boiler type (if any):  Hot Water  Steam
- (b) How many boilers are at the insured location? \_\_\_\_\_
- (c) Is there a maintenance contract in force? YES  NO
27. Air Conditioning
- (a) Central air conditioning? YES  NO
- If yes how many units: \_\_\_\_\_ Horsepower of each unit: \_\_\_\_\_ Tons of each unit: \_\_\_\_\_
- (b) Is there a maintenance contract in force? YES  NO
- (c) How many compressors are at the insured location? \_\_\_\_\_
- (d) Horsepower of each compressor: \_\_\_\_\_
28. Pressure Vessels
- (a) Are there any other pressure vessels? YES  NO
- If yes, are any over 24 inches in diameter? YES  NO
- (b) How many pressure vessels are at the insured location? \_\_\_\_\_
- (c) Is there a preventative maintenance contract in force for insured's equipment? YES  NO
29. (a) Is spoilage coverage of perishable products required? YES  NO
- (b) Are perishable products monitored by a central station for compressor breakdown? YES  NO
30. (a) Are automatic, self-starting, non-electrical, backup power units providing a minimum of six-hour power supply operational? YES  NO
- (b) Is there transient voltage surge suppression?
- Yes, at main panel  Yes, at each individual refrigeration unit  None
31. Is there any specialty equipment which would take longer than three months to replace? YES  NO
- If yes, please provide details and time element to replace and install:
- \_\_\_\_\_
- \_\_\_\_\_

### **CLAIMS INFORMATION – ALL PROPERTY, CRIME AND BOILER AND MACHINERY**

32. Claims experience for the past five years (please provide a description, date and amount of loss):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## **APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM**

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I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact [privacypolicyinquiries@victorinsurance.com](mailto:privacypolicyinquiries@victorinsurance.com).

## **DECLARATIONS AND SIGNATURE**

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The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

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Name of Applicant (please print)

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Signature of Applicant

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Date (dd/mm/yyyy)