

Brokerage:		Broker Contact:				
Broker Address:		Email:				
Broker Code:		Effective Date:				
Full Names of All Insureds:						
Name of Principals:						
Mailing Address:						
Website Address:						
Underwriting Details:						
1. Provide details of your current Commercial General Liability Insurance						
Expiry Date	Limit:	Deductible:	Premium: Insurer:			
2. Fully describe the nature of your business activities (if no website, attach brochure or company literature along with this form):						
3. Number of years in business and experience of insured:						
4. Does the Insured have a local authority license to operate (<i>where applicable</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable						
5. For the upcoming year, do you anticipate any changes to the type of work you will be performing? If yes, please provide details:						
6. Please provide details of any claims or actions brought against your company, including defense costs and deductible. Include experience of companies that have been taken over or merged with your company.						
Date of Occurrence	Describe Occurrence	Claim Amounts				Status of Claim
		Reserve	Paid	Expenses	Deductible	
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
7. Select any of these that apply to the Insured's operations:						
<i>*Please note, if any of the below marked with an asterisk are checked off, the risk will need to be referred to our markets</i>						
<input type="checkbox"/>	Any Claims in last 5 years*	<input type="checkbox"/>	Breeding Activities*			
<input type="checkbox"/>	Turnover greater than \$250,000*	<input type="checkbox"/>	Veterinary Services*			
<input type="checkbox"/>	Product Sales greater than \$50,000*	<input type="checkbox"/>	Manufacturing Risks*			
<input type="checkbox"/>	Sales to the USA*	<input type="checkbox"/>	Equine Training & Activities*			
<input type="checkbox"/>	Physical operations outside of Canada <i>if checked, we would decline.</i>	<input type="checkbox"/>	Prior insurance declined. <i>if checked, we would decline.</i>			
8. Date of financial year end: Click or tap to enter a date. State your revenue in respect of the following years:						
	Last complete Financial Year		Estimate for Current Financial Year			
Canadian Revenue	Click or tap here to enter text.		Click or tap here to enter text.			
USA Revenue	Click or tap here to enter text.		Click or tap here to enter text.			
Other Territory Revenue	Click or tap here to enter text.		Click or tap here to enter text.			

9. List all your building or premises (please list on a separate sheet if more space is required):

Address	Ownership Status	% Occupied by Insured	Operations Performed at Each Location	Building Type (Frame/Masonry etc.)
Click or tap here to enter text.	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Are the above leased or rented in their entirety to others who control and operate the premises' elevator or boilers?

Click or tap here to enter text.

10. Please provide the following details on the above locations:

	Type	Year Updated
Electrical Wiring & Amperage		
Breakers or Fuses		
Plumbing		
Heating		
Supplementary Heating		
Roof		

Year Built	
Number of Stories	
Building Area in Sq. Ft	
Comments: Click or tap here to enter text.	

	Yes	No		Yes	No
Hydrant within 300 meters?	<input type="checkbox"/>	<input type="checkbox"/>	Fire Alarm Protected?	<input type="checkbox"/>	<input type="checkbox"/>
Firehall within 8kms?	<input type="checkbox"/>	<input type="checkbox"/>	Burglary Alarm Protected?	<input type="checkbox"/>	<input type="checkbox"/>
Is it a volunteer firehall?	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklered?	<input type="checkbox"/>	<input type="checkbox"/>
Minimum one (1) smoke detector per floor?	<input type="checkbox"/>	<input type="checkbox"/>	Extinguishers available?	<input type="checkbox"/>	<input type="checkbox"/>
Is the risk located within 50kms of an active fire zone? <i>If yes, we would decline.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Does the risk meet local Fire Code & Bylaw Requirements for its current occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
Is the risk in an active flood zone? <i>If yes, we would decline.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Is the lot bigger than one (1) acre? <i>If yes, how many acres?</i>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please provide details of your current Errors & Omissions Insurance (if any):

	Effective Date	Limit	Deductible	Premium	Insurer
Current	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

12. Breakdown of Coverage:

Coverage	Limits Required (Self-rating, please select coverages below and calculate total)	Premium
Medical Expenses <i>any one person</i>	<input type="checkbox"/> \$10,000 (INCL) <input type="checkbox"/> \$20,000 (\$50)	
Tenants Legal Liability	<input type="checkbox"/> \$500,000 (INCL) <input type="checkbox"/> \$1,000,000 (\$50) <input type="checkbox"/> \$2,000,000 (\$100)	
Non-Owned Automobile	<input type="checkbox"/> \$1,000,000 (INCL) <input type="checkbox"/> \$2,000,000 (\$100) <i>*subject to Underwriter review*</i>	
Legal Liability for Damage to Hired Auto Extension (SEF94)	<input type="checkbox"/> \$50,000 (\$50)	
Property Contents (\$1,000 deductible)	<input type="checkbox"/> \$20,000 (\$100) <input type="checkbox"/> \$50,000 (\$325) <i>If required limit is above the listed amount, the risk will need to be reviewed by an Underwriter.</i>	
Loss of Keys Cover	<input type="checkbox"/> \$5,000 in the annual aggregate (INCL) <input type="checkbox"/> \$10,000 in the annual aggregate (\$50)	
Care, Custody & Control	<input type="checkbox"/> \$50,000 any one accident or series of accidents (Liability of Animals) arising out of one original cause, \$5,000 any one animal. (INCL) <input type="checkbox"/> \$250,000 any one accident or series of accidents (Liability of Animals) arising out of one original cause, \$50,000 any one animal. (\$100)	
Veterinary Fees Extension <i>*only applicable to boarding, catteries and kennels*</i>	<input type="checkbox"/> \$1,000 per animal/\$5,000 in the aggregate for Vet Fees for injury or illness to animals in your care (\$100)	
Animal Show/Demonstration Insurance <i>*Excluding Liquor*</i>	<input type="checkbox"/> Exhibitor – <i>up to policy limits</i> (INCL) <input type="checkbox"/> Standalone Whole Event Cover – <i>up to policy limits, maximum of 500 attendees per day</i> (\$400) <input type="checkbox"/> Individual Event Coverage – <i>up to policy limits, maximum of 500 attendees per day</i> (\$50 per event)	

Commercial General Liability:

Activity	Rating Basis	Answer	Percentage of Revenue	Base Rate Calculations
Pet Trainer	Number of Trainers			Choose an item.
Pet Daycare	Number of Pets			Choose an item.
Pet Groomer	Number of Groomers			Choose an item.
Pet Therapies <i>*Excl. Equine and Vets*</i>	Number of Therapists			Choose an item.
Dog Walkers	Number of Walkers			Choose an item.
Dog Kennels <i>*Minimum \$315 premium applies*</i>	Number of Dogs			Choose an item.
Catteries <i>*Minimum \$315 premium applies*</i>	Number of Cats			Choose an item.
Dog Clubs & Societies <i>*Minimum \$263 premium applies*</i>	Number of Members			Choose an item.
Pet Transportation	Business			Choose an item.
Microchipping	Number of Trainers			Choose an item.
Manufacture of Pet Accessories <i>*Minimum \$105 premium applies*</i>	Revenues			Choose an item.
Greyhound Dog Assessment	Number of Assessors			Choose an item.
Pound Dog Assessment	Number of Assessors			Choose an item.
Manufacture of Dry Dog Food & Treats <i>*Minimum \$105 premium applies*</i>	Revenue			Choose an item.
Product Sales (up to \$50,000) <i>*Minimum \$105 premium applies*</i>	Revenue			Choose an item.

If required limit is above the listed amount, the risk will need to be reviewed by an Underwriter.

Errors & Omissions	<input type="checkbox"/> \$1,000,000 (INCL) <i>If \$2,000,000 limit is required, the risk will need to be reviewed by an Underwriter.</i>	
Building Coverage Required	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If building coverage is required, the Commercial Building Owner Application will need to be completed and reviewed by an Underwriter.</i>	
Deductible	<input type="checkbox"/> \$1,000 (BASE) <input type="checkbox"/> \$2,500 (-5%) <input type="checkbox"/> \$5,000 (-10%) <input type="checkbox"/> \$10,000 (-15%)	
Policy Fee		\$160
Total Premium		Click or tap here to enter text.

Additional Comments
Click or tap here to enter text.

Underwriting Considerations:

- If Named insured is a numbered company, confirmation must be obtained that the insured does no other business under these operations
- No Cancellations for non-payment
- \$1,000 set deductible for Property Contents
- \$5,000 set deductible for US sales
- Maximum of \$10,000,000 liability limit

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such a credit information and claims history.

Signature(s) of all Named Insureds (only required if binding): Click or tap here to enter text.	Full Name(s): Click or tap here to enter text.
Position(s) Held by Insured: Click or tap here to enter text.	Date: Click or tap to enter a date.

Absolutely NO COVERAGE is given by this application form.

Coverage is only granted upon written confirmation of binding from ABEX.