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## Commercial Property Insurance Application

[www.holmanins.com](http://www.holmanins.com)

### INSURED INFORMATION

Full Name of Insured (full legal name): \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Risk Location Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Additional Insured(s):

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Mortgagee/Loss Payee:

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

BUS TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

### BUSINESS OPERATIONS

Description of Operations: \_\_\_\_\_

Sales/Receipts \$ \_\_\_\_\_ Canadian \$ \_\_\_\_\_ USA \$ \_\_\_\_\_ Other Countries

Payroll \$ \_\_\_\_\_ # of Employees \_\_\_\_\_ # of Sub-Contractors (if any) \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

**INSURANCE HISTORY**

PLEASE ATTACH A COPY OF YOUR EXPIRING POLICY.

Current Insurer:	Expiry Date	Policy #	Expiring Premium
			\$

Previous insurance cancelled, declined or non-renewed in the last 10 years?  YES or  NO If yes, please explain

Any Claims in Last 10 years?  YES or  NO If yes, provide full details including date of loss, description and the amount paid.

Date	Description	Amount Paid	Open or Closed

**RISK INFORMATION**

<b>Building Type:</b>	<input type="checkbox"/> High Rise	<input type="checkbox"/> Enclosed Mall	<input type="checkbox"/> Strip Plaza
	<input type="checkbox"/> Industrial Mall	<input type="checkbox"/> Stand Alone	<input type="checkbox"/> Other
<b>Construction</b>	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Non-Combustible with Masonry Walls	<input type="checkbox"/> Non-Combustible with non-masonry walls
	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Frame and all other
<b>Roof:</b>	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Steel Deck	<input type="checkbox"/> Wood Joist
	<input type="checkbox"/> Corrugated Metal, Steel Truss	<input type="checkbox"/> Heavy Timber	
<b>Heating:</b>	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
	<input type="checkbox"/> Oil - Age of tank _____	<input type="checkbox"/> Other	
<b>Electrical System:</b>	<input type="checkbox"/> Fuses <input type="checkbox"/> Breakers	No of AMP _____	<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Roof Top <input type="checkbox"/> Other
<b>Plumbing:</b>	<b>Supply</b> <input type="checkbox"/> Copper <input type="checkbox"/> ABS <input type="checkbox"/> Pex <input type="checkbox"/> Cast Iron <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper	<b>Drain</b> <input type="checkbox"/> Copper <input type="checkbox"/> ABS <input type="checkbox"/> Pex <input type="checkbox"/> Cast Iron <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper	
<b>Number of Stories: (Exclude basement)</b>	_____	No. of Units _____	Total square meters of building(ground floor): _____
	_____ <input type="checkbox"/> Sq. Ft or <input type="checkbox"/> Sq. Metres		
<b>Area Occupied by Insured:</b>	_____	<input type="checkbox"/> Sq. Ft or <input type="checkbox"/> Sq. Metres	
<b>Other Occupancies in the Building:</b>	<input type="checkbox"/> Office <input type="checkbox"/> Manufacturing	<input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Retail Store
<b>Year Built:</b> _____	<b>Basement:</b> <input type="checkbox"/> YES or <input type="checkbox"/> NO		
<b>If over 35 years old have updates been carried out:</b> <input type="checkbox"/> YES or <input type="checkbox"/> NO			
<b>If updated, what year:</b>	Heating: _____	Wiring: _____	Roof: _____ Plumbing: _____
<b>Sprinklered:</b>	<input type="checkbox"/> YES or <input type="checkbox"/> NO	If yes, percentage sprinklered: _____%	
<b>Distance to Hydrant:</b>	_____ Metres	Distance to Fire Hall: _____ km	
<b>Neighbouring Exposure:</b>	To Left:	To Right:	Front: Behind:

**PROTECTION INFORMATION**

**Fire Alarm:**       None       Local       Monitored (attach certificate)       ULC Certified (attach certificate)  
**Burglar Alarm**       None       Local       Monitored (attach certificate)       ULC Certified (attach certificate)  
**Extent of Protection:**       Perimeter       Motion Sensors       Line Security  YES or  NO      If yes, specify:

**COVERAGE REQUIREMENTS**

PROPERTY COVERAGE – DEDUCTIBLE MINIMUM IS \$1,000	Select if required and state amount required under Amount of Insurance ▼	AMOUNT OF INSURANCE
Building	<input type="checkbox"/>	\$
Office Contents	<input type="checkbox"/>	\$
Equipment (Including Tenants Improvements)	<input type="checkbox"/>	\$
Stock	<input type="checkbox"/>	\$
Transit	<input type="checkbox"/>	\$10,000
Business Interruption	<input type="checkbox"/>	\$10,000
Loss Rent / Rental Income	<input type="checkbox"/>	\$
Extra Expense	<input type="checkbox"/>	\$25,000
Equipment Breakdown	<input type="checkbox"/>	\$100,000
Computer (Hardware / Software)	<input type="checkbox"/>	\$
Earthquake	Subject to deductible of \$50,000 minimum	Included
Flood	Subject to deductible of \$25,000	Included
Sewer Back up	Subject to deductible of \$2,500	Included
Condo Unit Owner <input type="checkbox"/> Yes or <input type="checkbox"/> No      Condo Loss Assessment <input type="checkbox"/> Yes or <input type="checkbox"/> No		Included

**CRIME COVERAGE – DEDUCTIBLE MINIMUM IS \$1,000**

Crime Package Form	\$2,500
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**COMMERCIAL GENERAL LIABILITY COVERAGE**

Available Limits (check one) ▶ <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	AMOUNT OF INSURANCE ▼
Bodily Injury and Property Damage      Each Occurrence	\$
Bodily Injury and Property Damage      Aggregate \$5,000,000	Included
Products-Completed Operations      Aggregate \$5,000,000	Included
Personal and Advertising Injury Liability      Each Occurrence	\$1,000,000
Personal and Advertising Injury Liability      Aggregate	\$1,000,000
Medical Payments      Per Person	\$10,000
Medical Payments      Aggregate	\$25,000
Tenant's Legal Liability      Subject to deductible \$1,000	\$500,000
Employee Benefit Liability      Subject to deductible \$1,000	\$1,000,000
Non Owned Automobile Extension SPF#6      Subject to deductible \$1,000	\$1,000,000

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

**DECLARATION**

You must read this before signing below.  
 To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void this insurance.

**PRIVACY ACT CONSENT**

Consumer and previous insurer reports containing personal, credit, factual, investigative or previous claim and loss information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation thereof.  
 All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance. The answers in all parts of the application are correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

You must inform us of any change in circumstances which will materially affect this insurance.