

INSURED INFORMATION		
Name Insured:	Location Number: _____ of _____	
Contact Name:	Email:	
Business #:	Cell #:	
Location Address:	Province:	
City:	Postal Code:	
Mailing Address: <small>(if different from above)</small>		
LOSS PAYEE INFO		
Loss Payee:		
Address:	Province:	
City:	Postal Code:	
INSURANCE LIMITS REQUIRED		
Building: \$	Stock: \$	Equipment: \$
Leasehold Improvements: \$	Office Contents: \$	Electronic Equipment: \$
OCCUPATION AND CONSTRUCTION OF PROPERTY		
Building is Used For: <input type="checkbox"/> Agricultural: % _____ <input type="checkbox"/> Commercial: % _____ <input type="checkbox"/> Industrial: % _____		
<input type="checkbox"/> Residential: % _____ <input type="checkbox"/> Retail: % _____ <input type="checkbox"/> Vacant: % _____		
Is the Building Occupied by Others?	Building Ownership:	Is there a Snow Removal Contract?
<input type="checkbox"/> Yes (Please Describe):	<input type="checkbox"/> Owned	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Leased	<input type="checkbox"/> No
Year(s) Built:	Total Sq. Ft.:	Area Occupied Sq. Ft.:
Number of Stories:	Basement: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> No Basement	
Floor Construction:	Wall Construction:	Roof Construction:
Heating Type:	Plumbing Type:	Wiring Amp Service: _____ <input type="checkbox"/> Breakers
year updated:	year updated:	year updated: _____ <input type="checkbox"/> Fuses
Is the Building Air Conditioned? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FIRE AND SECURITY		
Distance to Hydrant: _____ ft	Distance to Fire Hall: _____ km	
Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler Monitored: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Extinguishers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguisher Type: _____ Class:	
Dead Locks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Locked: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Motion detectors: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Central Station: <input type="checkbox"/> Yes <input type="checkbox"/> No	Attached Proof of Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	
All Access Openings: <input type="checkbox"/> Yes <input type="checkbox"/> No	ULC Alarm Grade: _____	
Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No	Class: _____	Line Security: <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:		

**SIGNATURE**  
 THE ABOVE ANSWERS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

<b>SIGNATURE OF INSURED:</b>	<b>DATE:</b>
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