



Application for Commercial Property Insurance

Instructions on Completing This Form:

The Applicant(s) must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Applicant(s) knows or ought to know. A matter is material if it would influence the judgement of a prudent underwriter as to whether to accept the risk, or the terms of the insurance (including premium). For these purposes, the Applicant(s) knows material matters which are known to its senior management, or anybody responsible for arranging its insurance. The Applicant(s) also knows material matters which should reasonably have been revealed by a reasonable search of information available to it, which includes information held by third parties. The Applicant(s) should therefore conduct a reasonable search of such information. The Applicant(s) must disclose all material matters and circumstances known to it in a reasonably clear and accessible way, whether or not they are the subject of a specific question in this Application Form and any appendices ('Application Form').

Please answer all questions fully and tick all relevant boxes. If there is insufficient space provided to answer questions fully or if there are any material matters or circumstances not specifically covered by a question in this Application Form, they must be listed on a separate sheet of paper which must be signed, dated and attached.

Where there is reference to a defined term in this Application Form these are outlined in full in the applicable Contract of Insurance wording.

For further details or if there is any doubt as to what facts or circumstances should be disclosed, the Applicant(s) should contact their insurance broker.

Upon completion, please sign and return this form to your Insured Creativity representative or to underwriting@insuredcreativity.com and include the following where applicable:

- Photos of front and back of building
- Statement of Values Form
- Completed Business Interruption Worksheet
- Inventory List with Values (Misc Property Floater)
- Copy of Rental Agreement (if applicable)
- Lease or Mortgage (if requesting Loss Payee Status)

We strongly urge that you retain a copy of this proposal.

Please approach us with any questions you may have. We look forward to working with you.



Please complete the following:

Broker Information:

Brokerage Name:			
Contact Name:			
Telephone:		Email:	
Are you the incumbent broker:	☐ Yes ☐ No		
If Yes, how many years have you been the broker of record:			
Have you personally seen this property:	☐ Yes ☐ No		

Applicant / Insured Information:

Named Insured as it should appear on the policy:			
Description of Operations:			
Mailing Address:			
City:		Province/Territory:	
Country:	CANADA	Postal Code:	
Telephone:		Email:	
Additional Insured(s) including relationship to Named Insured:			
Province & Date of Incorporation:		Years in Business:	
Desired Effective Date of Policy:			

Business Details:

Breakdown of Applicant's Gross Revenue:

	Canada	United States	Foreign	TOTAL
Gross revenues in the past 12 months (CDN)				
Estimated gross revenues for the next 12 months (CDN)				



List all locations at which business is conducted:

Building #	Address:	Owned or Leased:	Insured Occupancy:	Other Occupancy
1				
2				
3				
4				

Landlord Information:

Legal Entity Name:			
Mailing Address:			
City:		Province/Territory:	
Country:	CANADA	Postal Code:	
Telephone:		Email:	
Does the Applicant have any business premises in the United States or Worldwide:	☐ USA ☐ Worldwide ☐ N/A		

Property Information (replicate this table for each building):

Year built:		Number of stories:	
Is there a basement:	☐ Yes ☐ No	Occupies basement:	☐ Yes ☐ No
Total area (sq. ft.):		Area occupied by Applicant (sq. ft.):	
Building type:			
Construction (choose one):	☐ Fire Resistive: Constructed with non-combustible materials (e.g., reinforced concrete or protected steel) designed to withstand fire for an extended period. ☐ Non-Combustible: Built primarily from materials that do not burn, such as steel, concrete, or masonry, but with less fire-resistance protection than fire-resistive construction.		



	☐ Masonry: Constructed with brick, concrete block, stone, or similar masonry materials, often with combustible roof or floor systems.		
	☐ Brick Veneer: Wood or steel frame construction with a non-structural exterior layer of brick attached to the outside.		
	☐ Frame: Constructed primarily of combustible materials, typically wood framing for walls, floors, and roof structures.		
Do any locations have tube or knob wiring:	☐ Yes ☐ No		
Heating type:	☐ HVAC ☐ Gas ☐ Steam / Boiler		
Updates (please speak to Landlord for details):			
Roof:	☐ Yes ☐ No	Year:	
Plumbing:	☐ Yes ☐ No	Year:	
Electricity:	☐ Yes ☐ No	Year:	
Heating:	☐ Yes ☐ No	Year:	
Fire Protection:	☐ Fire Hydrant (within 300 meters/1000 feet) ☐ Fire hall within 8km ☐ Paid ☐ Volunteer ☐ Unprotected		
Distance to responding fire department (km):			
Sprinklered:	☐ Yes ____% ☐ No		
Does the operation include a deep fat fryer:		☐ Yes ☐ No	
Is the kitchen equipped with an automatic fire extinguisher system (CO2 system):		☐ Yes ☐ No	
Is there a 6-month maintenance agreement in place for the kitchen fire extinguisher system:		☐ Yes ☐ No	
Are grease traps cleaned and serviced regularly:		☐ Yes ☐ No	
Have all building fire suppression systems been checked in the prior 6 months:		☐ Yes ☐ No	
Is the location within 150 yards to a fire hydrant:		☐ Yes ☐ No	
Is the location within 5km of a professionally staffed fire hall:		☐ Yes ☐ No	
Is there an active burglar alarm:		☐ Local ☐ Monitored ☐ No	
Is CCTV coverage in place and is stored for at least 2 years:		☐ Yes ☐ No	
Number of cameras Inside:		Number of cameras outside:	
Number of entry points:		Number of exit points:	
Does the location contain at least a class 2 safe:		☐ Yes ☐ No ☐ Not Applicable	



What is the maximum amount of money and securities stored in the safe overnight:	
How many employees have access to the safe:	
Does the property have a sump pump:	☐ Yes ☐ No
Do you have any property not owned but under your care/custody and control:	☐ Yes ☐ No

Insurance History Information:

Is the Applicant currently insured:	☐ Yes ☐ No			
If Yes, please complete the following:				
Coverage	Insurer	Expiry Date	Limit	Premium
In the last five years, has any insurance company ever:				
Declined the Applicant's application for property insurance:			☐ Yes ☐ No	
Refused to renew any property insurance policy:			☐ Yes ☐ No	
Cancelled any property insurance policy:			☐ Yes ☐ No	
If Yes, provide full details:				
Has the Applicant had any claims or losses in the past five years:				
☐ Yes ☐ No				
If Yes, please provide a Loss History Letter or provide the Following Details on a Separate Sheet:				
(a) Date of occurrence.				
(b) Describe occurrence and injury or damage.				
(c) Reserves incurred by or on behalf of the Applicant in respect thereof.				
(d) Total amount paid for the claim.				
(e) Current status of the claim.				
Is the Applicant aware of any other incidents which may result in claims against you:			☐ Yes ☐ No	
If Yes, provide full details:				



Coverage Request:

Coverage Item	Total Insured Value	Replacement Cost or Actual Cash Value
Buildings		
Tenants Improvements		
Contents and Equipment		
Tools on site		
BI Gross Rents coverage		
BI Gross Profits coverage		
BI Extra Expense		
Computer (Hardware/Media/Software)		
Miscellaneous Property		
Mechanical Breakdown coverage required?		
Other:		
Deductible(s):		

Optional Coverage:

Group Accident:	☐ Yes ☐ No	
If Yes, please select the requested Limit of Insurance:	☐ \$10,000 Principal Sum; \$1,000,000 in the Aggregate ☐ \$25,000 Principal Sum; \$1,000,000 in the Aggregate ☐ \$50,000 Principal Sum; \$1,000,000 in the Aggregate ☐ \$100,000 Principal Sum; \$1,000,000 in the Aggregate	
If Yes, please enter:	Number of participants in any athletic or sports event: Number of volunteers: Number of directors:	☐ Not Applicable ☐ Not Applicable ☐ Not Applicable



DECLARATION:

This section to be completed by the Client (Insured).

I/we confirm that the information given in this Application Form including any attachment(s) provided to support this Application, whether in my/our own hand or not, is correct.

I/we declare that I/we have made a fair presentation of the risk by disclosing all material matters and circumstances which would influence a prudent underwriter's assessment of the risk which we know or ought to know including my/our senior management or anybody responsible for arranging my/our insurance, having conducted a reasonable search of the information available to me/us (including information held by third parties) in order to reveal those facts and circumstances. Failing that, I/we have given Underwriters sufficient information to put a prudent Underwriter on notice that it needs to make further enquiries in order to reveal material matters or circumstances, whether or not those matters, and any material matters or circumstances are not specifically covered by a question in this Application Form, I/we the Applicant(s) accept these conditions as the proposed Insured or agent of the proposed Insured.

It is understood that the signing of this Application Form does not bind the Applicant(s) to complete or Underwriters to accept this insurance.

I/we the Applicant(s) also agree that in the event any information contained in any completed Application Form and/or supplied to support this Application Form or other application for this insurance changes or becomes incorrect such as to constitute a material alteration to the risk prior to the inception date of the insurance, I/we will advise Underwriters in writing immediately on becoming aware of such changes. In such circumstances, Underwriters will be entitled to re-assess the Application for insurance, including but not limited to withdrawing any prior agreement to provide cover.

The person signing this Form is duly authorized to do so on behalf of the Applicant(s).

By submitting this application, I/we consent to the collection, use and disclosure of personal information as defined in the Privacy Policy found on Insured Creativity Inc.'s website.

Generally, information is collected and stored for the following purposes:

- The communication with policyholders
- The underwriting of policies
- The evaluation of claims
- The analysis of business results
- Purposes required or authorized by law

For the purposes identified, personal information may be disclosed to Lloyd's related or affiliated organizations or companies, their agents, and to certain non-related or unaffiliated organizations or companies, including service providers. These entities may be located outside Canada therefore a customer's information may be processed in a foreign jurisdiction and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

Signing this form does not bind the Client to complete this insurance and is subject to acceptance by both parties.

Signature: _____

Date: _____

Name: _____

Position: _____