



APPLICATION FOR:

# COMMERCIAL INSURANCE INSURANCE MANAGERS INC.

www.axisinsurance.ca

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Name of Insured			
Subsidiaries	Name	Relationship	
Principal	Name	# of years in business	
Mailing Address			
Phone Numbers	Business ( )	Cell ( )	Fax ( )
Internet	E-Mail Address	Website	

## DESCRIPTION OF OPERATIONS

<p><b>Include:</b></p> <ul style="list-style-type: none"> <li>• Description of Insured's products and product name</li> <li>• Attach brochures</li> <li>• Country of Origin of products</li> <li>• Major Customers of Insured</li> </ul>	<p>GAR: \$ _____, Canada _____ %, US _____ %, International _____ %, Sub Contracted _____ %, Contracting _____ %, Manufacturing _____ %, Consulting _____ %, Installation _____ %, Service _____ %, Wholesale/Dist _____ %, Repair _____ %, Retail _____ %, Liquor _____ %,</p>
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<b>HISTORY</b>			
<b>Loss History</b> (5 Year)	<u>Date of Loss</u>	<u>Type of Loss</u>	<u>Amount Paid</u>
	On reverse side, list steps taken after loss to prevent from occurring again.		
Cancellation	Insurer ever declined, cancelled or refused renewal? <input type="checkbox"/> YES <input type="checkbox"/> NO (Provide details on reverse)		
Current Insurance	Company	Policy No.	Exp. Date Premium
Producer	Signature		Date Completed

**GENERAL INFORMATION**

<b>Location #</b>	Address		
Occupancy			
Occupancy Others			
Adjacent Risks			
Building	<input type="checkbox"/> Frame/BW <input type="checkbox"/> Masonry <input type="checkbox"/> Mixed; Description: _____		
Area	Ground Floor Area	Insured's Area	Basement
Foundation/Height	<input type="checkbox"/> Concrete <input type="checkbox"/> Posts <input type="checkbox"/> Wood <input type="checkbox"/> None		# of Stories
Roof	<input type="checkbox"/> Flat <input type="checkbox"/> Peak <input type="checkbox"/> Wood Joist <input type="checkbox"/> Steel Deck <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ Finish: <input type="checkbox"/> T&G <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____		
Type of Building	(eg. enclosed mall, strip plaza, etc.)		
Physical Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Modern <input type="checkbox"/> Old		
Year Built	Updating/over 25 yrs: Plumbing _____ Heating _____ Electrical _____ Roof _____		

**COMMON HAZARDS**

Electrical	<input type="checkbox"/> Conduit <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses
Heating	Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> No Heat Type: <input type="checkbox"/> Hot Water <input type="checkbox"/> Steam <input type="checkbox"/> Forced Air <input type="checkbox"/> Suspended
Stock	Is it susceptible to water damage? <input type="checkbox"/> Yes <input type="checkbox"/> No    Are there skids/drains? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Hazards	(ie: cooking, welding, etc.)

**GENERAL**

Public Fire Protection	<input type="checkbox"/> Public <input type="checkbox"/> Volunteer    DISTANCE TO HYDRANT: _____ DISTANCE TO FIRE HALL: _____
Private Fire Protection	# of Extinguishers _____ <input type="checkbox"/> Sprinklered <input type="checkbox"/> Wet <input type="checkbox"/> Dry _____ % Sprinklered Alarm: <input type="checkbox"/> Central Station <input type="checkbox"/> Monitoring <input type="checkbox"/> Local    Monitored by: _____
Burglary Protection	<input type="checkbox"/> Deadbolts <input type="checkbox"/> Bars/Roller <input type="checkbox"/> Central Station <input type="checkbox"/> Monitored <input type="checkbox"/> Local Monitored by: _____
Mortgage/Lease Requirements	
Additional Insureds	
Loss Payable	



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	(Explain):	Required	Declined	LIMIT
<b>BOILER &amp; MACHINERY</b>				
Heating: <input type="checkbox"/> Forced Air <input type="checkbox"/> Steam <input type="checkbox"/> Electric Air Cond: <input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Window Unit # of Amps to Electrical System _____ Production Machinery? <input type="checkbox"/> Yes <input type="checkbox"/> No Temperature Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Direct Damage Business Interruption Extra Expense Consequential Loss			
<b>PROPERTY IN TRANSIT</b>				
Annual Shipment Value: \$ _____ Maximum any one Shipment: \$ _____ Incoming Shipments: \$ _____ Outgoing Shipments: \$ _____ Description of Merchandise: _____				
<b>MOTOR TRUCK CARGO (For Truckman's complete MTC Application)</b>				
Estimated Gross Receipts: \$ _____ # of Vehicles: _____ Vehicle Type: _____ Cargo: _____				
<b>INSTALLATION FLOATER</b>				
Estimated Installation Receipts \$ _____ Average Job Size: \$ _____ Largest Job Size: \$ _____ Average Job Time: _____ \$ Longest Job Time: _____				
<b>BUSINESS INTERRUPTION – Complete Business Interruption Worksheet</b>				
Profits/Gross Earnings/Earnings No Co - Period of Indemnity _____ Ordinary Payroll # Days _____ Rental Income _____ Extra Expense - Monthly Limit: _____ Contingent BI Recipient/Contributing _____ Professional Fees _____				
<b>CRIME</b>				
Safe: Type _____ Model _____ ULC Label _____ # of Employees Handling Money/Securities: _____ Are cheques countersigned? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Daily Deposits: _____	In/Out Robbery Holdup BFMS (Subject to Class 2 or better) Employee Dishonesty Bond A or B Depositor's Forgery Counterfeit Burglary Damage to Building			

**LIABILITY**

# Employees: _____ Gross PR: _____ All Employees covered by WCB? <input type="checkbox"/> Yes <input type="checkbox"/> No Aircraft or Watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No List any owned properties and tenants:          NON-OWNED AUTO: Vehicles Rented/Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No Employees drive their own cars for business? <input type="checkbox"/> Yes <input type="checkbox"/> No Vehicles operated under contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		Required	Declined	LIMIT
	CGL: BI/PD			
	Products/Completed Operations			
	Non-Owned Auto			
	Advertising Liability**			
	Aircraft/Watercraft			
	Employee Benefits Errors and Omissions			
	Environmental Pollution**			
	Host Liquor Forcible Ejection			
	Abuse/Harassment**			
	Tenant's Legal Liability			
	Umbrella/Excess**			
Professional Liability Malpractice/E&O				

**SPECIALTY COVERAGES**

DIRECTORS & OFFICERS LIABILITY** Is there a Board of Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Company – Traded on _____ EPL - # of Employees _____
CREDIT INSURANCE Is credit extended to customers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where are products sold? _____ <input type="checkbox"/> Canada <input type="checkbox"/> USA <input type="checkbox"/> International (List countries) _____
AUTOMOBILE INSURANCE	# Vehicles _____ Expiry Date: _____ <input type="checkbox"/> Commercial Auto <input type="checkbox"/> Fleet <input type="checkbox"/> Personal Auto
PERSONAL INSURANCE	Home/Condo/Tenants/Boat Expiry Date: _____
MARINE INSURANCE	<input type="checkbox"/> Yes <input type="checkbox"/> No
TRAVEL INSURANCE	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRITICAL ILLNESS	<input type="checkbox"/> Yes <input type="checkbox"/> No
LIFE INSURANCE	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEE BENEFITS	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES/COMMENTS: