

COMMERCIAL LINES APPLICATION

Agent or Broker: Murrick Insurance Services Ltd., Vancouver, BC		Phone # 604-688-5158		Fax # 604-688-1709	
Applicants Name					
Names of Principals					
Mailing Address					Postal Code
Policy Period		Day	Month	Year	12:01 am Standard Time at the Postal Address of the Named Applicant
					New business Yes <input type="checkbox"/> No <input type="checkbox"/>
Loss Payee/Mortgagee					Replacing Policy No.
Loss Payee's/Mortgagee's Mailing Address					
DESCRIPTION OF BUSINESS PREMISES AND OCCUPANCY					
Loc. No.	Address of Applicant's Business Premises (if different from Mailing Address)				Postal Code
Construction Details		Walls		Roof	Floors
Building Construction Class		A-Fire Resistive	B-Non-Combustible	C-Masonry	D-Frame
Other-describe					
Occupied by Applicant as:					
Occupied by Others as:					
No of Storeys:		Basement:	Floor Area Sq. Ft.		Year Built: (if over 25yrs provide updating info)
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Building Heated By:					
GENERAL INFORMATION					
Is risk within 500 feet of a fire hydrant		Is risk within 3 miles of a fire hall		Is the risk sprinklered	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all doors fitted with dead locks and windows fixed and equipped with locking devices or metal screens or bars, in sound condition?					Yes <input type="checkbox"/>
If "no", do existing locks etc. adequately protect this risk?					No <input type="checkbox"/>
Does risk have burglar alarm protecting all accessible openings? If yes, please answer the following:					Yes <input type="checkbox"/>
Name of installing company:					No <input type="checkbox"/>
Type of alarm system:		Central station		Monitoring station	Local
Does the existing alarm system adequately protect the risk?					Yes <input type="checkbox"/>
Does risk have Security Guard Protection					No <input type="checkbox"/>
Yes <input type="checkbox"/>					If yes, name of company:
Has Applicant ever had insurance decline or cancelled? If "yes", explain below:					Yes <input type="checkbox"/>
					No <input type="checkbox"/>
List details of any losses in last 5 years:					
Previous Insurer and policy no.					Expiry rates/prem.

COVERAGES

Property Insurance

	Sum Insured
Business Contents	
Stock	
Equipment	
Tenant Improvements	
Business Interruption	
Tools	

Other:	

LIABILITY

Limit Required:

OTHER COVERAGES

LIABILITY

Gross Receipts:		Payroll:	
Cost of Work Sublet:		U.S. Sales:	
Other Foreign Sales:			

Are any of the following associated with the applicant's operations (if yes, describe in comments)

Asbestos, Chemicals, Radioactive Materials	Yes	No	Spray Painting, Welding, Hot Tarring	Yes	No
Liquefied Petroleum, Natural Gas, Gases	Yes	No	Explosives, Blasting, Pile Driving	Yes	No
Watercraft, Dock, Wharfs, Aircraft	Yes	No	Digging, Excavation	Yes	No
Underground Storage Tanks	Yes	No	Shoring, Underpinning, Caissons	Yes	No
Renovations, Demolition, Raising/Moving	Yes	No	Exports or Operations in Foreign Country	Yes	No
Are there any Liquid, Gaseous or Waste Discharge or Operations performed at sites where discharge occurs?				Yes	No
Are Sub-Contractors requested to carry liability insurance and provide proof of insurance?				Yes	No
Are formal contractual agreements entered into with sub-contractors?				Yes	No

COMMENTS

Narrative description of process, special hazards and protection for same:

--

Date: _____

Signature of Broker: _____

Date: _____

Signature of Applicant: _____