

meridian INSURANCE

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COMMERCIAL INSURANCE APPLICATION

BASIC INFORMATION

Insured Name:

Principal(s):

Mailing Address:

Telephone #:

Fax #:

Email:

Full Details of Operations:

Of Years in Business:

Of Years Previous Experience:

Previous Insurer:

Policy #:

Expiry Date:

Expiring Premium:

Previous Insurance Declined or Cancelled? Yes No

If yes, full details:

Any claims in the last 5 years? Yes No If yes, provide full details including date, type of loss, amount paid:

Effective Date:

Expiry Date:

Mortgage/Loss Payee/Additional Insured Name and address:

1.

2.

LOCATION DETAILS

Address (if different from mailing address):

Wall Construction:

Concrete

HCB

Brick

Masonry

Frame

Roof Construction:

Type Of Heating:

Type of Electrical System:

Year Built:

If building over 30 years old, have updates been carried out? Yes No

If yes, when to:

Heating System:

Roof:

Plumbing:

Wiring:

Total area in Building (ft²):

Area Occupied by Insured (ft²):

No. of stories:

No. of units in building/complex:

Distance to Hydrant:

Distance to Fire Hall:

Sprinkler Protected?

Yes

No

Air Conditioning?

Yes

No

Exposures:

Right:

Left:

Rear:

Occupancy:

PHYSICAL PROTECTION

Fire Alarm:

None

Local

Monitoring

ULC Certified

Burglar Alarm:

None

Local

Monitoring

ULC Certified

Windows Barred?

Yes

No

Fire Extinguishers?

Yes

No

If yes, how many?

Other Details:

OPERATION DETAILS

Gross Receipts:	Payroll:	No. of Employees:
Any foreign sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify country:	Annual Foreign Sales \$:
Any repairs and/or installations away from own premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	
Are Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	
1. Full details of work and cost of work sublet:		
2. Is proof of insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Limit \$	
<u>Wholesalers:</u> Any alterations to products, including repackaging? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
<u>Restaurants:</u> Automatic extinguishing systems? <input type="checkbox"/> Yes <input type="checkbox"/> No	Semi-annual maintenance contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Semi-annual duct cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deep Fat Fry Operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Liquor Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: food sales _____% liquor sales _____%	

LIMITS

Deductible:

Item	Co-Ins.	Rate	Limits	Item	Co-Ins.	Rate	Limits
<u>Property of Every Description</u>				<u>Business Interruption</u>			
Building				Profits	100%		
Equipment (RC)				Gross Earnings			
Stock (ACV)				Rental Income	100%		
Office Equipment				Extra Expense	100%		
Accounts Receivable				Other			
Valuable Papers				<u>Crime</u>			
Transit				Inside/Outside Robbery			
Consequential Loss				Money & Securities			
Sign Floater				Employee Dishonesty			
Contractor's Equipment				Other			
Tool Floater				<u>Liability</u>			
Earthquake Deductible:				CGL			
Flood Deductible:				Tenant's Legal			
Sewer Backup (\$2,500 deductible)				OLT			
Other:				Other:			
Other:				Other:			
Other:				Total Premium:			

Comments: _____

Applicant's Signature: _____

Date: _____