



Property & casualty

Application form

United States



PROPERTY AND CASUALTY INSURANCE

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the P&C policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clauses I, Section H provides cover on a claims made and reported basis. Under this Insuring Clause a claim must be first made against the Insured and notified to us during the period of the policy to be covered. This Insuring Clauses does not cover any claim arising out of any actual or alleged bodily injury or damage occurring before the retroactive date.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered. If you require any extra room to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return it directly to your insurance agent.

SECTION I: COMPANY DETAILS

- 1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company:	
Address:	
ZIP code:	
Website:	
Contact name:	E-mail:

- 1.2 Please state when your company was established:

- 1.3 Please state your income for the following years as set out in the box below:

Currency:

Territory:	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic:			
Canada / Europe / Australia:			
Rest of the world:			
Total:			

- 1.4 Please state the number of employees:

1.5 Please state the following:

a) Your total estimated payroll for the next financial year:

b) The percentage of your payroll that relates to work away from your premises:

 %

c) The percentage of manual work

 %

SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities.

If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total revenue by activity.

The total of all activities listed here should equal 100%.

 	 	%
 	 	%
 	 	%
 	 	%
 	 	%
 	 	%
 	 	%
 	 	%
 	 	%
 	 	%
 	 	%
 	 	%
 	 	%
 	 	%
 	 	%
 	 	%

2.3 Do you own any premises in the US other than a sales office?

Yes

No

If 'yes', please provide details:

SECTION 3: CONTRACT INFORMATION

3.1 Please provide details of your three largest contracts:

Contract	Contract value	Territory

3.2 Please state the following:

a) the maximum height you will be working at:

 m

b) the maximum depth you will be working to:

 m

c) whether you perform heat work away from your premises?

 Yes No

3.3 Do you employ bona-fide sub contractors (BFSC)?

If 'yes', please state:

a) What approximate percentage of your income, in your current financial year, will be paid to BFSC:

 %

b) Whether you sign reciprocal hold harmless agreements?

 Yes No

c) Whether you ensure that BFSC have their own commercial general liability insurance?

 Yes No

If yes, what is the minimum limit of liability that BFSC must purchase?

SECTION 4: PRODUCT INFORMATION

Please only complete this section if you have any products sales

4.1 Please state your annual income for your three largest products in the following territories:

Product description	Domestic	Canada / Europe Australia	Rest of the world
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4.2 Do you import products from territories outside of Canada, Australia or Europe?

 Yes No

If 'yes', please state:

a) The territories from where you import these products and the percentage of sales income:

Territory	% sales income
_____	_____ %
_____	_____ %
_____	_____ %

b) Whether you maintain full rights of recourse against suppliers:

 Yes No

c) Whether you ensure that your suppliers have their own products liability insurance?

 Yes No

If yes, what is the minimum limit of liability that your supplier must purchase?

4.3 Are any of your products incorporated into marine craft, aircraft, aerospace craft, nuclear devices, nuclear systems or automobiles?

 Yes No

If 'yes', please provide details:

SECTION 5: PREMISES DETAILS

5.1 Please provide below details of your premises:

PREMISES 1					
Address: _____					
					ZIP code: _____
Please state:					
a) the purpose of the premises (e.g. office, warehouse, etc.):		_____			
b) when approximately the premises was					
i) built:		MM / DD / YY			
ii) last renovated:		MM / DD / YY			
c) how the premises is constructed:					
Brick veneer:	<input type="checkbox"/>	EIFS:	<input type="checkbox"/>	Fire resistive:	<input type="checkbox"/>
Frame:	<input type="checkbox"/>	Heavy timber:	<input type="checkbox"/>	Stucco:	<input type="checkbox"/>
Joisted masonry:	<input type="checkbox"/>	Masonry non-combustible:	<input type="checkbox"/>	Non-combustible:	<input type="checkbox"/>
Semi-fire resistive:	<input type="checkbox"/>				
d) when approximately the roof of the premises was last renovated:					MM / DD / YY
e) how the roof of the premises is constructed:					
Concrete/Clay tiles:	<input type="checkbox"/>	Membrane:	<input type="checkbox"/>	Metal sheathing:	<input type="checkbox"/>
Shingles:	<input type="checkbox"/>	Wind resistive shingles:	<input type="checkbox"/>		
Wood shakes:	<input type="checkbox"/>	Other (please explain): _____			
f) the class rating issued by the Public Protection Classification (PPC™) program for the premises (1-10):					_____

PREMISES 2					
Address: _____					
					ZIP code: _____
Please state:					
a) the purpose of the premises (e.g. office, warehouse, etc.):		_____			
b) when approximately the premises was					
i) built:		MM / DD / YY			
ii) last maintained:		MM / DD / YY			
c) how the premises is constructed:					
Brick veneer:	<input type="checkbox"/>	EIFS:	<input type="checkbox"/>	Fire resistive:	<input type="checkbox"/>
Frame:	<input type="checkbox"/>	Heavy timber:	<input type="checkbox"/>	Stucco:	<input type="checkbox"/>
Joisted masonry:	<input type="checkbox"/>	Masonry non-combustible:	<input type="checkbox"/>	Non-combustible:	<input type="checkbox"/>
Semi-fire resistive:	<input type="checkbox"/>				
d) when approximately the roof of the premises was last maintained:					MM / DD / YY
e) how the roof of the premises is constructed:					
Concrete/Clay tiles:	<input type="checkbox"/>	Membrane:	<input type="checkbox"/>	Metal sheathing:	<input type="checkbox"/>
Shingles:	<input type="checkbox"/>	Wind resistive shingles:	<input type="checkbox"/>		
Wood shakes:	<input type="checkbox"/>	Other (please explain): _____			
f) the class rating issued by the Public Protection Classification (PPC™) program for the premises (1-10):					_____

Please continue on a separate sheet if more than 2 premises are to be insured.

5.2 Please state whether the premises:

a) is detached: Yes No

If no, please state what measures are in place to protect the premises from damage if there is a fire in a neighbouring property:

b) is self contained with a lockable entrance door: Yes No

If yes, please state the type of locking system:

Key operated multi-point locking system with at least 3 locking bolts: Rim automatic deadlock: Mortice deadlock:

c) contain other external doors: Yes No

If yes, please state the type of locking system:

A key operated security bolt: A panic bar locking system:

d) has lockable opening windows on all levels: Yes No

If yes, please state the type of locking system:

Secured by a key operated locking device: N/A (i.e. permanently sealed shut):

e) is protected by fire and central station intruder alarm systems which are connected to all windows and doors and is subject to an annual maintenance contract: Yes No

f) is protected by interior and exterior cameras: Yes No

g) is overseen by 24 hour security guards: Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not in full and effective operation whenever the premises are closed for business or otherwise left unattended.

h) is free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes: Yes No

i) is in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters: Yes No

j) is self contained with a lockable entrance door: Yes No

k) is heated by one of the following methods: conventional electric, gas, oil or solid fuel heating system: Yes No

l) is fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied: Yes No

m) has lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements: Yes No

n) is fitted with sprinklers throughout: Yes No

o) has a back up system for the electrical supply: Yes No

NOTE: Assuming you have answered 'yes' to questions l) and m) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then please give further details:

5.3 Do any of the listed premises contain composite or sandwich panels?

Yes No

If yes, please provide details:

<hr/> <hr/> <hr/> <hr/>

5.4 Do any of the listed premises contain aluminium wiring?

Yes No

If yes, please provide details:

<hr/> <hr/> <hr/> <hr/>

5.5 Do you maintain written and electronic records of all stock?

Yes No

If no, please explain why:

<hr/> <hr/> <hr/> <hr/>

5.6 Would you like a quotation for the "Named windstorms" extension?

Yes No

SECTION 6: INSURANCE REQUIREMENTS AND CLAIMS HISTORY

6.1 Please detail the amounts to be insured below for each premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	PREMISES 1	PREMISES 2
Building coverage:	<hr/>	<hr/>
Loss of income:	<hr/>	<hr/>
Indemnity period:	<hr/> months	<hr/> months
Loss of rent:	<hr/>	<hr/>
Indemnity period:	<hr/> months	<hr/> months
Inventory / stock:	<hr/>	<hr/>
Cultivation equipment:	<hr/>	<hr/>
Business personal property:	<hr/>	<hr/>
Tenants improvements:	<hr/>	<hr/>

6.2 Please provide details of your current commercial general liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY				
Required:	MM / YY			N/A	N/A

6.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a) have you ever had a legal action brought against you for causing property damage or bodily injury to a third party? Yes No
- b) are you aware of any circumstances which may give rise to a legal action being brought against you for causing property damage or bodily injury to a third party? Yes No
- c) have you ever incurred any loss as a result of damage occurring to any of the premises to be insured or have any of the premises to be insured incurred any damage? Yes No

If the answer to any of the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

SECTION 7: DECLARATION

- I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____	Full name: _____
Position held: _____	Date: MM / DD / YY

ADDITIONAL INFORMATION: