



New Account Submission Questionnaire

Named Insured: _____

Address: _____

Additional Locations: _____

Associated/Affiliated /Subsidiary/Holding companies to be included as Named Insured's:

Description of Main Business Operations: _____

How many years in business: _____

Commercial General Liability (all frills included)

Limits of Liability Required:	\$2,000,000	\$5,000,000	\$10,000,000 limit/aggregate
Deductible(s)	\$2,500	\$5,000	\$10,000

Limits: \$ _____ Deductible: _____

Expiry Date: _____

Required Information:

- Estimated Gross Receipts: _____
- Payroll: _____
- No. of Employees: _____
- Subs, if any: _____
- Changes in operations: _____
- Wrap up versus Non wrap up: _____

Umbrella Liability:

Limits required excess of primary limit including non-owned auto:

\$ _____ Excess/Over prime - \$2,000,000/\$5,000,000/\$10,000,000

Will need to know:

- Number of vehicles with ICBC
- Annual premiums paid
- Any discounts provided

Liability Claims:

Get details of all liability claims in the past 5 years (if any):

- Amount of Claim: _____
- Year/date of Claim: _____
- Deductible paid: _____
- Type of Claim: _____
- Paid out or Reserve: _____
- How many claims: _____

Property Coverage Applicable

Buildings:

\$ _____ \$ _____ \$ _____ Rental Income

- Age /year built
- Construction type
- No. of stories
- Roof
- Sq. ft.
- Sprinklered

Think of Boiler & Machinery (if required)

Equipment:

Current and updated list required/Actual Cash Value (ACV) or Replacement Cost / Co-insurance 90% applies-check

\$ _____ Total value – include year, make, model, serial number of each
\$ _____ Deductible(s) - 1% - 2% or \$1,500/\$2,500 each & every claim

Office Contents:

\$ _____ Total value - Phones, desks, fax, computers, printers, copies etc.

\$ _____ Deductible(s) - \$500/\$1,000/\$2,500

Stock/Inventory:

\$ _____ Total value - type/locations/security i.e. alarms, protection

\$ _____ Deductible(s) - \$500/\$1,000/\$2,500

Tools/Small Equipment:

\$ _____ Total value - list of items under \$2,500 & over \$5,000 each item

\$ _____ Deductible(s) - \$500/\$1,000/\$2,500

Employees Tools:

\$ _____ Total value – list of items under \$2,500 & over \$5,000 each item

\$ _____ Deductible(s) - \$500/\$1,000/\$2,500

Equipment Rental/Leased:

\$ _____ Total value

\$ _____ Annual income spent on leased or rented equipment

Physical Protection:

- Fire alarm Yes _____ No _____
- Burglar alarm Yes _____ No _____
- Other (details) _____ Monitored/locks/bars/window etc.

Property Claims:

Get details of all claims in the past 5 years:

- Amount of Claim: _____
- Year/date of Claim: _____
- Deductible paid: _____