



Canadian Association of Management Consultants Association canadienne des conseillers en management  
 The **Single Voice** of Management Consulting in Canada

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# PROPERTY INSURANCE PROGRAM APPLICATION

Named Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Risk Location if Different from above: \_\_\_\_\_

Postal Code \_\_\_\_\_

Years at Present Location: \_\_\_\_\_

Name and Address of Mortgagees/Lienholders:

\_\_\_\_\_  
 \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax# \_\_\_\_\_

Expiry Date \_\_\_\_\_ Web Site Address: \_\_\_\_\_

Please provide a complete description of the operations associated with your business:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• Interest of Property:  Owner/Occupant  Tenant Sole occupant:  Yes  No

## Building Details

- Is the building separated from other buildings  
If yes, what is the separation space? \_\_\_\_\_
- Is the building attached to another building?  
If yes, \_\_\_\_\_ please answer 'Exposure' question below
- Is the building a multiple story structure? Yes / No \_\_\_\_\_
- Is the building of a commercial or industrial "strip" type?  
If yes, \_\_\_\_\_ please answer 'Exposure' question below
- Year Built \_\_\_\_\_
- If the building is over 30 years, have either you or the building owner renovated the premises in the last 10 years?     Yes     No    If 'yes', please provide dates of updates for the following:
  - Plumbing \_\_\_\_\_
  - Wiring    \_\_\_\_\_
  - Roofing \_\_\_\_\_
  - Furnace \_\_\_\_\_
  - Heating \_\_\_\_\_
- If other updates or renovations have been done, please provide full details:

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## Building Construction

Exterior Walls – (concrete block, brick, metal on steel frame, wood frame)

Roof – (concrete, wood, metal deck.)

Grade Floor – (concrete, wood)

Intermediate Floor(s) –(concrete, concrete on steel, wood)

Building Height – (# of storeys)

Interior Finish –(drywall / wood panelling / carpeted / wood flooring / tile flooring / linoleum flooring)

Vertical Openings –(number of elevators in building / stairs connecting each floor)

Total Area – (sq. ft.)

Building Condition – (poor, fair, good, excellent)

## Premises Protection

Is Building Sprinklered?

Fire Alarms –(local, central station)

Fire Extinguishers –(# in premises)

Fire Hoses – (in the premises or in hallway area)

Hydrants – (distance from building)

Fire Department – (paid/volunteer, km distance from building)

Burglary Alarm System – (alarms, central station, watchman)

## Exposures

North –

South –

East –

West –

## Please State the Amount of Property Coverage Required

Property	Amount
Building	
EDP Equipment, Data & Media <i>excluding Lap Tops</i>	
Contents <i>excluding EDP Equipment &amp; Lap Tops</i>	
Lap Top Computers	
Valuable Papers	
Comprehensive Business Income	
Accounts Receivable Coverage	
Property In Transit/on Exhibition	

Please advise our office if you require  
Sewer Back Up, Flood and/or Earthquake coverage  
OR  
Increased limits over and above the Standard Limits

## Loss History

Existing Insurance Company

Existing Policy #

Expiring Date

Expiring Premium

- Have you ever had Insurance cancelled or declined?  Yes  No  
If yes, please advise *by which Insurance company, when and for what reason:*

## Five Year Loss History

DATE(DD/MM/YY)	TYPE	AMOUNT PAID	AMOUNT O/S	DETAILS

**SIGNING THIS APPLICATION FORM DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN, THE INFORMATION PROVIDED ON THIS APPLICATION IS THE BASIS, ON WHICH THE QUOTATION WILL BE CALCULATED.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_