



# Liability & Office Property Application exclusive to CSPEP Members

1. Name of Applicant & CSPEP Membership Number

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2. Form of Business

Individual  Incorporated Organization  Partnership or Joint Venture  Sole Proprietorship

3. Please describe your business operations

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4. Mailing and Office Address

Web Address \_\_\_\_\_ Email Address \_\_\_\_\_

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*Number* *Street* *City*

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*Province* *Postal Code* *Business Tel #* *Fax #*

5. Date on which business was established \_\_\_\_\_

6. If you have other subsidiaries or holding companies, list these entities and describe the operations of each:

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7. Please confirm fully, entity name(s) for all predecessor firms, or individual proprietorships that have existed in the past 5 years, that are now part of the firm to which this application for insurance applies?

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8. Please list your top 5 clients:

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9. Do you arrange or plan events where the public pays a fee to attend? **Y / N**

10. Please provide gross fees and revenues from operations/services provided:

	Canadian Revenues	US Revenues	Foreign Revenues
a. Projected for next year	\$	\$	\$
b. For the last 12 months	\$	\$	\$

Note If coverage is granted, the Applicant must report any US or Foreign Sales not indicated above, which may arise after this application is completed.

11. Please provide number of Employees \_\_\_\_\_
12. Please provide total payroll for the last 12 months \$\_\_\_\_\_
13. Do you act as a travel agent (ie booking, purchasing airline tickets) for your clients? **Y / N**
14. Do you operate tours for your clients? (ie Are you responsible for leading the tour?) **Y / N**
15. Describe the typical services provided by your subcontractors (caterers, décor,etc...):  
\_\_\_\_\_
16. Do all your suppliers/subcontractors provide you with proof they have a minimum of \$1,000,000 CGL? **Y / N**
17. Do the meeting/event hosts (your clients) provide you with proof that General Liability insurance (minimum limit of \$1,000,000) covering the meeting/event is in place? **Y / N**
18. Do you provide any meeting or event services in addition to planning and arrangements? (ie party rentals, decorating, etc) **Y / N**
19.
  - a. Has the firm or any of its principals, officers, partners, directors or employees been the subject of any disciplinary action by any government body or professional association within the last year? **Y / N**
  - b. In the past, has the Applicant or any of his/her partners, officers, employees or subsidiaries ever been the recipient of any allegations of professional negligence in writing or verbally which may reasonably give rise to a claim? **Y / N** If 'yes', please attach details.
  - c. Is the Applicant or any of his/her employees aware of facts, circumstances, or situations which may reasonably give rise to a claim, other than as advised above? **Y / N** If 'yes' please attach details.

## Current Insurance

	Name of Insurer	Policy Limit	Policy #	Policy Period	Claims
Professional Liability					
General Liability					
Office Property					

## Requested Insurance - Please select your Limit:

Professional Liability		Commercial General Liability	
<input type="radio"/>	\$1,000,000	<input type="radio"/>	\$1,000,000
<input type="radio"/>	\$2,000,000	<input type="radio"/>	\$2,000,000
<input type="radio"/>	\$3,000,000	<input type="radio"/>	\$3,000,000
<input type="radio"/>	\$5,000,000	<input type="radio"/>	\$5,000,000

Please complete the following questions if you wish to purchase the CSPEP Office Property and Crime Insurance Package. Answers to additional questions may be required if you own the Building.

## Office Property & Crime Insurance

Loss Payee/Additional Insured, *please circle*

Mortgagee      Lienholder      Lessor      Additional Insured ie. Landlord, if you rent Commercial premises

Name

Interest

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*Number*

*Street*

*City*

*Postal Code*

**Construction Definitions** - Please circle the applicable description

- 1 Fire Resistive**  
Includes walls, floors and roof of masonry, reinforced concrete or other non-combustible material with high fire resistive rating.

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- 2 & 3 Non Combustible with Masonry Walls**  
Includes steel deck roof and/or other unprotected structural steel and steel on steel

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- 4 Masonry**  
Brick, stone, concrete block or hollow tile walls with wood joist roof. This class includes mill type construction

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- 5 Masonry Veneer**  
Frame building with brick veneer, stone or other masonry veneer

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- 6 Frame and all other**  
Includes rough cast, metal clad

**Building Details** - Please provide the following details for your new office location:

Year built \_\_\_\_\_

If building is over 30 years, has it been fully gutted/renovated 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 on another sheet.

Is the building in a strip mall?  Yes  No

Is this an enclosed mall?  Yes  No

Is this a stand alone building?  Yes  No

Are you the sole occupant?  Yes  No

Square feet you occupy? \_\_\_\_\_ # of stories? \_\_\_\_\_ # of units? \_\_\_\_\_

Is the building sprinklered?  Yes  No

Hydrant protected?  Yes  No Distance to hydrant? \_\_\_\_\_ Distance to nearest fire hall? \_\_\_\_\_

Smoke detectors?  Yes  No # \_\_\_\_\_ Heat detectors?  Yes  No # \_\_\_\_\_

Do you have an Approved ULC Central Station Burglar Alarm System?  Yes  No

If 'yes', please provide name of monitoring company \_\_\_\_\_

Do you have an Approved ULC Central Station Fire Alarm System?  Yes  No

If 'yes', please provide name of monitoring company \_\_\_\_\_

Describe any physical barriers to entry i.e., doors, locks, bars, etc

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

Name and address of Mortgagees/Lienholders

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

List other tenants, if any:

\_\_\_\_\_

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## Standard CSPEP Package

Coverage Provided	Standard Program Limits	Indicate Increased Limit, if necessary
Office Contents	\$25,000	
Electronic Data Processing <i>Including Computers, Phones, Copiers</i>	\$25,000	
Laptops	Includes 1 laptop valued at up to \$2,500	
Business Interruption <i>Business Income &amp; Extra Expenses</i>	\$25,000	
Valuable Papers	\$25,000	
Crime <i>Employee Dishonesty &amp; Computer Fraud</i>	\$10,000	

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*Signature of Applicant*

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*Date*

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*Print Name*

**Please fax to the attention of Andrew Spencer at 416 595 1649**