



Broker

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PROPERTY & CASUALTY Application

Applicant's Name and Mailing Address:

Effective Date (dd/mm/yy):

Risk Location:

Contact Name: _____

Telephone No. _____ Fax No. _____

Email Address _____ Web-site address _____

Applicant's Operations:

of Members:

Applicant's Products:

Describe in full details Operations and Products of Applicant:

Property:

Years in Business:

Years in Present Location:

Interest of Applicant in Property: Owner/Occupant Tenant

Are you the sole occupant of this premise? Yes No

Total square footage of building:

Total square footage occupied by Insured:

If tenant, list the operations of the other tenants:

Building Construction:

Classification schedule attached: (a) ___ (b) ___ (c) ___ (d) ___ (e) ___ (f) ___

Year Built:

If building is over 35 years of age, it must be fully gutted/renovated in the last 10 years.

If the following are updated please check the boxes and give year of renovations:

Plumbing: Wiring: Roofing: Furnace: Heating:

Any other renovations completed and not noted above:

SPRINKLERED: Yes: No: If yes, state percentage protected?

Central Station: Yes: No: If yes, state name of monitoring company.

Mortgagees/Loss Payees:

Liability:

Gross Annual Revenues:

Have you signed any Hold Harmless agreement in your favour?

If yes, please list:

Is facility or any part thereof used or rented to third parties/groups (i.e. weddings etc?)

Rented to third parties/groups (i.e. weddings) No___ Yes___ if yes, how many times a year.

If yes, are certificate of insurance obtained? Yes___ No___

Required Amount of Liability

\$ 2,000,000

\$ 5,000,000

Activity Details

- Board Travel Accident
- Craft Sales
- Equipment Rentals
- Hall Rental
- Junior Programs
- Maintenance – Trails/Walkways
- Newsletter
- Other, please describe on p 3
- Park Riverbank Cleanup
- Picnics/Dinner Parties
- Retail Outlet
- Student Workers, please indicate # on p 3
- Tree Planting Events
- Yard Sale

Property, Owned or Leased

In order to describe additional details in any category, please use the attached page/page 3.

Trails Yes No If yes, number of kilometers? _____

Snow machine and ATV access permitted? Yes No

Scheduled maintenance activity? Yes No

Land Yes No If yes, number of acres? _____

Municipal Address, as shown on your Property Tax Notice

Equipment Yes No

1. _____

2. _____

Have you had any losses for requested coverage (including any uninsured losses) in the last 3 years? _____

Claims History five year loss history

Yes No If yes, please list date, type, amount paid, and provide details

1. _____

2. _____

3. _____

4. _____

Previous Carrier:

Policy No.:

Expiring Premium:

Further 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 for the express purpose of preparing a quotation and will be disclosed to insurance companies as required. The applicant hereby consents to the disclosure of this information to third parties.

Signature_____

Date_____

**Please note that this application must be fully completed, dated and signed.
If more than one location, complete one application for each location.**

Applicant/Authorized Representative

Date