Office/Clinic Property Program 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: _____

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 θ Tenant θ

Are you the sole occupant of this premise? Yes θ No θ

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: θ Wiring: θ Roofing: θ Furnace: θ Heating: θ

Any other renovations completed and not noted above:

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

Central Station: Yes: θ No: θ 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___

LOSS HISTORY

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

Yes θ No θ **If Yes list all losses below:**

Date (dd/mm/yy)	Amount	Description

Previous Carrier:

Policy No.:

Expiring Premium:

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

Applicant or Authorized Representative **Date**

CONSTRUCTION CLASSIFICATION SCHEDULE

a) Fire Resistive (Construction class 1): Building in which the structural members including walls, floors and roof are constructed of masonry materials or of fire resistive materials or assemblies, (floors and exterior walls not less than two hours, roof not less than one hour);

b) Masonry Non-Combustible (Construction Class 2): Building with walls of masonry or of fire resistive materials with non-combustible supports;

c) Non-Combustible (Construction Class 3): Building with walls, floors and roof of non-combustible materials supported by non-combustible supports;

d) Masonry (Construction Class 4): Building with walls of masonry or of fire resistive materials or assemblies (not less than one hour), and with combustible floors and roof. Includes joist (or ordinary construction) and heavy timber construction;

e) Masonry Veneer (Construction Class 5): Buildings with walls of combustible construction veneered on the outside with masonry materials not less than 100 mm. (4 in.) in thickness, and with combustible floors and roof;

f) Frame (Construction Class 6): Buildings with walls, floors and roof of combustible construction except provided for under (e) above or buildings with exterior walls of non-combustible construction with combustible floors and roof.

Note 1: (a) Fire Resistive means non-combustible materials or assemblies which have a fire Resistance rating of not less than one hour.

(b) Non-Combustible means materials or assemblies no part of which will ignite and Burn when subjected to fire.

Note 2: In cases of mixed construction the major classification should apply, except that A risk should not be classified Fire Resistive (Class 1) or Masonry Non-Combustible (Class 2) unless at least 80% of the construction so qualifies. If a building is less than 80% Class 1, the Class 1 portion should be considered to be Class 2 for purpose of determining the major classification.