

Liability & Office Property Application exclusive to ISES Members

1. Name of Applicant & ISES Membership Number

2. Form of Business

Individual Incorporated Organization Partnership or Joint Venture Sole Proprietorship

3. Please describe your business operations

4. Mailing and Office Address

Web Address _____ Email Address _____

Number

Street

City

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:

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?

8. Please list your top 5 clients:

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...):
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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 ISES 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* _____

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.

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

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

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

- 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:

Standard ISES 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 & Extra Expenses</i>	\$25,000	
Valuable Papers	\$25,000	
Crime <i>Employee Dishonesty & Computer Fraud</i>	\$10,000	

Signature of Applicant

Date

Print Name

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