



**Ontario  
Environment  
Network**

Broker

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Phone  
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## PROPERTY & CASUALTY Application

Applicant's Name and Mailing Address:

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Effective Date (dd/mm/yy):

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Risk Location:

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Contact Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_ Web-site address \_\_\_\_\_

Applicant's Operations:

# of Members:

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Applicant's Products:

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Describe in full details Operations and Products of Applicant:

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**Property:**

Years in Business:

Years in Present Location:

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Interest of Applicant in Property:

Owner/Occupant

Tenant

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Are you the sole occupant of this premise?

Yes

No

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Total square footage of building:

Total square footage occupied by Insured:

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

\_\_\_\_\_  
**Applicant/Authorized Representative**

\_\_\_\_\_  
**Date**