

Property Application: Healthcare, Life Sciences, Spas & Salons

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application.

Named Insured: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Contact: _____ Email: _____ Phone: _____

Section 1: Location Details

1. Please provide the following information for all of your locations:

#	Address	City	Prov.	PO Code	Building Value	Tenant Improvements	Contents	Equipment	Business Interruption	Rental Income
1										
2										
3										
4										

#	Exterior Walls	Roof	Floor	Year Built	Sq Ft	# of Stories	% Sprinklered	Monitored Alarm	Fire Hydrant within 500ft	Fire Hall within 5kms	Fire Hall FT/ Volunteer?	Pressure Vessel >24in diameter
1												
2												
3												
4												
*	Please specify if others have been selected	Please specify if others have been selected	Please specify if others have been selected									

#	If older than 25 years, please provide year and type of upgrade	Wiring		Plumbing		Heating		Roof	
		Year	Type	Year	Type	Year	Type	Year	Type
1									
2									
3									
4									

* Please provide further details in the space provided under the Additional Information Section.

Section 2: Crime Coverage

1. Please provide the number of employees that have access to cash, cheques, and/or securities as part of their employment: _____

2. Please provide your total number of employees: _____

3. Do you require countersignatures on all cheques? Yes No

4. Are all cheques pre-numbered, accounted for and kept locked up? Yes No

5. Are all bank accounts reconciled by someone who is not authorized to deposit or withdraw funds? Yes No

6. Do you have an outside agent conduct an annual audit? Yes No

7. What is the maximum amount of cash on the premises? _____

8. Do you have a safe? Yes No

9. If Yes to 8., is it a Class 1 safe (which is made of iron/steel and has a combination lock)? Yes No

10. If Yes to 8., is it a Class 2 safe (TL-15 UL label on the frame or door of the safe)? Yes No

11. If Yes to 8., is the safe bolted to the ground? Yes No

12. How many bondable employees enter homes of your clients? _____

Section 3: Claims History

1. Have you ever had a claim against your organisation’s insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of the loss.* Yes No

2. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.* Yes No

Section 4: Prior Insurance

1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes No

2. Please provide details of your expiring insurance policy: Yes No

Coverage	Insurer	Limit	Deductible	Premium
Property				
Equipment Breakdown				
Crime				

Section 5: Requested Insurance Coverage

1. Please indicated what coverage limit and deductible are requested:

Coverage	Limit	Deductible
Property		
Equipment Breakdown		
Crime		

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

* Please provide further details in the space provided under the Additional Information Section.

Property Application Addenda

Please complete the relevant section(s) to your operations.

Addendum: Healthcare

- 1. Do you store prescription and/or OTC medications on premises? Yes No
- 2. If Yes to 1., please provide the total replacement costs of these medications: _____
- 3. Do you have appropriate security and safe storage of all narcotics? Yes No
- 4. Do you maintain any blood, tissue, or other perishable items on premises? Yes No
- 5. If Yes to 4., please provide the total replacement cost of these items: _____
- 6. If Yes to 4., do you have a back-up power source? Yes No

7. Please provide the total replacement cost of all electronic medical equipment that fits into the following categories by location #:

#	Diagnostic/ Imaging	Laboratory	Medical Monitors	Life Support	Treatment
1					
2					
3					
4					
5					

8. Please provide details of your medical equipment with a replacement value greater than \$100,000:

Make	Model	Age	Leased/Owned	Replacement Value	Date of Last Maintenance

Addendum: Life Sciences

- 1. Does your premises include a clean room? Yes No

2. Please provide details of your manufacturing equipment with a replacement value greater than \$100,000:

Make	Model	Age	Leased/Owned	Replacement Value	Date of Last Maintenance

- 3. Do you store prescription and/or OTC medications on premises? Yes No
- 4. If Yes to 3., please provide the total replacement costs of these medications: _____
- 5. Do you have appropriate security and safe storage of all narcotics? Yes No
- 6. Do you maintain any blood, tissue, or other perishable items on premises? Yes No
- 7. If Yes to 6., please provide the total replacement cost of these items: _____
- 8. If Yes to 6., do you have a back-up power source? Yes No
- 9. Do you have scientific animals on premises? Yes No
- 10. If Yes to 9., what is the total replacement value of the animals on premise: _____
- 11. If Yes to 9., what is maximum replacement value of any one animal on premise: _____

* Please provide further details in the space provided under the Additional Information Section.

Addendum: Senior Care/Residential Care

- 1. Do you allow smoking on premises? Yes No
- 2. Do you allow residents to have hotplates in their rooms? Yes No
- 3. Do you have Emergency Water Shut Off procedures in place? Yes No
- 4. Do you have water sensors installed? Yes No
- 5. If you are providing food services, do you operate a commercial kitchen? Yes No
- 6. Does your kitchen contain a deep fryer? Yes No
- 7. Do you have an automatic wet extinguishing system in place that meets the UL 300 standard? Yes No
- 8. If Yes to 7., is the system inspected semi-annually? Yes No
- 9. Do you have a contract in place to have the ventilation hoods cleaned every 6 months? Yes No
- 10. Do you contract out your kitchen and dining room linen services? Yes No

Addendum: Spas & Salons

- 1. Do you contract out your laundry services? If No, please provide details of where, how, and when linens are laundered.* Yes No
- 2. Do you have a pool or wet area? Yes No
- 3. Do you have floatation pods? Yes No

4. Please provide details of all the Laser, IPL, EPL, LHE, RF and Cellulite Machines:

Make	Model	Age	Leased/Owned	Replacement Value	Date of Last Maintenance

Addendum: Solar Panel Addendum

- 1. Do you have a solar panel? If yes, please provide details. Yes No

	Manufacturer	Make / Model	Number of units	Length if warranty	Year Installed	Replacement Cost
Panels						
Invertors						
Trackers						
Generators						
Other						

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