Property Application: Healthcare, Life Sciences, Spas & Salons

SIGNAL UNDERWRITING

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	Choose an item	Choose an item	Choose an item									
2	Choose an item	Choose an item	Choose an item									
3	Choose an item	Choose an item	Choose an item									
4	Choose an item	Choose an item	Choose an item									
*	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.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: SIGNAL Underwriting Inc. operates as SIGNAL Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date

Signature

Additional Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

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

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

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 O	No O
2. Do you have a pool or wet area?	Yes O	No O
3. Do you have floatation pods?	Yes O	No O

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 O No O

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

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