

# Property Application: Small-Medium Enterprise



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. Do you require countersignatures on all cheques? Yes  No
3. Are all cheques pre-numbered, accounted for and kept locked up? Yes  No
4. Are all bank accounts reconciled by someone who is not authorized to deposit or withdraw funds? Yes  No
5. Do you have an outside agent conduct an annual audit? Yes  No
6. What is the maximum amount of cash on the premises?
7. Do you have a safe? Yes  No
8. If Yes to 7., is it a Class 1 safe (which is made of iron/steel and has a combination lock)? Yes  No
9. If Yes to 7., is it a Class 2 safe (TL-15 UL label on the frame or door of the safe)? Yes  No
10. If Yes to 7., is the safe bolted to the ground? Yes  No

**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](http://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: Accommodation

- 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

#### Addendum: Food and Beverage

- 1. Do you allow smoking on premises? Yes  No
- 2. Does your kitchen contain a deep fryer? Yes  No
- 3. Do you have an automatic wet extinguishing system in place that meets the UL 300 standard? Yes  No
- 4. If Yes to 3., is the system inspected semi-annually? Yes  No
- 5. Do you have a contract in place to have the ventilation hoods cleaned every 6 months? Yes  No
- 6. Do you contract out your kitchen and dining room linen services? Yes  No

#### Addendum: Manufacturing and Processing, Wholesale and Distribution

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

Make	Model	Age	Leased/ Owned	Replace ment Value	Date of Last Maintenance

- 2. Do you store any hazardous chemicals on site? If Yes, please provide details.\* Yes  No
- 3. Do you maintain any perishable items on premises? Yes  No
- 4. If Yes to 3., please provide the total replacement cost of these items: \_\_\_\_\_
- 5. If Yes to 3., do you have a back-up power source? Yes  No

#### 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						

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