

**EXCESS MARKETS (B.C.) CORPORATION****富 邦 保 險 有 限 公 司**

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EXCESS
MARKETS**COMMERCIAL INSURANCE APPLICATION****RISK IDENTIFICATION**

Agent/Broker		Policy Number	
Name of Applicant			
Name of Principal(s)		Date of Incorporation (mm/dd/yy) / /	
Mailing Address		Postal Code:	
Telephone Number		Contact Person	
Period of Insurance	From:	To:	At 12:01 a.m. Standard Time
Risk Location (if different from Applicant's Address)			Postal Code:

UNDERWRITER INFORMATION

Storey:	Area:	Sq. Ft.	Age/Year Built:	
Construction	Wall:	Roof:		
Heating:	Electrical:	Extinguishers:	Sprinklered:	Yea / No
Burglary Alarm:	Local / Monitored - If monitored, by whom:			
Pubic Fire Protection:	Within 300M of Hydrants:	Yes / No	Within 8KM of Fire Hall:	Yes / No
Applicant's Occupancy & Operation:				
Other Occupancies:				
Number of Employees:		Estimated Annual Wages:		
Estimated Annual Gross Receipts: \$	Liquor Sales:	%	Any Sales or Operation Outside B.C.: Yes / No	
Previous Losses (Past 5 years):				
Previous Insurer & Policy Number:				
Has any Insurer cancelled or refused insurance during the past 5 years: Yes / No - If yes, describe:				
Loss Payee(s) if any:				
Additional Information:				

THE INFORMATION IN THIS APPLICATION IS WARRANTED CORRECT AND A TRUE BASIS ON WHICH INSURANCE MAY BE GRANTED, BUT IN NO WAY BINDS THE APPLICANT TO ACCEPT QUOTATION OR THE UNDERWRITERS TO ACCEPT.

NOTICE IS HEREBY GIVEN THAT IN CONNECTION WITH YOUR APPLICATION FOR INSURANCE A REPORT CONTAINING PERSONAL AND/OR CREDIT INFORMATION ON YOU IS BEING OR MAY BE SOUGHT.

DATE: _____

SIGNATURE OF APPLICANT: _____

COVERAGES AND LIMITS

COVERAGES	AMOUNT/LIMIT	RATE	PREMIUM
PROPERTY			
Building	\$ _____	@	\$ _____
Contents	\$ _____	@	\$ _____
Specified Contents: _____	\$ _____	@	\$ _____
Renovation Period: _____	\$ _____	@	\$ _____
<input type="checkbox"/> Limited Form			
<input type="checkbox"/> Broad Form			
<input type="checkbox"/> Co-insurance _____%			
<input type="checkbox"/> Deductible \$ _____			
<input type="checkbox"/> Replacement Cost (Except Stock)			
<input type="checkbox"/> Earthquake - Deductible _____%			
<input type="checkbox"/> Flood - Deductible \$ _____			
<input type="checkbox"/> Sewer Backup/Water Damage - Deductible \$ _____			
<input type="checkbox"/> Actual Cash Value (Replacement value less any depreciation or obsolescence)			
<input type="checkbox"/> Burglary Protection Warranty (Monitored Burglar Alarm)			
<input type="checkbox"/> Chemical or Co2 Auto Fire Protection Maintenance Clause			
<input type="checkbox"/> Co2 Auto Fire Protection System (UL 300 requirement)			
<input type="checkbox"/> Steam Cleaning Services Contract Clause			
<input type="checkbox"/> Tenant's Exclusion Endorsement - Narcotic Substances			
<input type="checkbox"/> Tenant's Restriction Endorsement			
(Vandalism/Malicious Acts by tenants/guests excluded)			
BUSINESS INTERRUPTION	\$ _____	@	\$ _____
<input type="checkbox"/> Co-insurance _____%			
<input type="checkbox"/> Gross Earnings Form			
<input type="checkbox"/> Monthly Earnings Form			
<input type="checkbox"/> Extra Expenses Form			
<input type="checkbox"/> Rent Value Form			
<input type="checkbox"/> Profits Form			
<input type="checkbox"/> Deductible \$ _____			
CRIME			
<input type="checkbox"/> In / Out Cash Robbery Deductible \$ _____	\$ _____	@	\$ _____
<input type="checkbox"/> Other: _____	\$ _____	@	\$ _____
LIABILITY			
Commercial General Liability	\$ _____	@	\$ _____
Owner's Landlords', & Tenants' Liability	\$ _____	@	\$ _____
Tenants Legal Liability	\$ _____	@	\$ _____
<input type="checkbox"/> Deductible: \$ _____			
<input type="checkbox"/> Non-owned Automobile			
<input type="checkbox"/> Products Completed Operations			
<input type="checkbox"/> Others: _____			
<input type="checkbox"/> Altercation Exclusion			
<input type="checkbox"/> Eviction Exclusion			
<input type="checkbox"/> Liquor Legal Liability Endorsement			
<input type="checkbox"/> Liquor Liability Limitations Endorsement			
<input type="checkbox"/> USA Jurisdiction Exclusion Endorsement			
OPTIONAL			
<input type="checkbox"/> Glass Service Contract (Deductible - \$50 or \$ _____)	\$ _____	@	\$ _____
<input type="checkbox"/> Boiler & Machinery Breakdown Insurance	\$ _____	@	\$ _____
TOTAL PREMIUM : \$ _____			

☐ Please tick ✓ if applicable