

## COMMERCIAL LINES APPLICATION

Agent or Broker: <b>Killarney Insurance Agencies Ltd., Vancouver, BC</b>		Phone # <b>604-321-8242</b>		Fax # <b>604-321-3323</b>	
Applicants Name					
Names of Principals					
Mailing Address					Postal Code
Policy Period	Day	Month	Year	12:01 am Standard Time at the Postal Address of the Named Applicant	
			New business		Replacing Policy No.
			Yes	No	
Loss Payee/Mortgagee					
Loss Payee's/Mortgagee's Mailing Address					
<b>DESCRIPTION OF BUSINESS PREMISES AND OCCUPANCY</b>					
Loc. No.	Address of Applicant's Business Premises (if different from Mailing Address)				Postal Code
Construction Details		Walls	Roof	Floors	
Building Construction Class		A-Fire Resistive	B-Non-Combustible	C-Masonry	D-Frame Other-describe
Occupied by Applicant as:					
Occupied by Others as:					
No of Storeys:		Basement:		Floor Area Sq. Ft.	Year Built: (if over 25yrs provide updating info)
		Yes	No		
Describe, below, exposing occupancies on each side of Applicant's premises:					
<b>GENERAL INFORMATION</b>					
Is risk within 500 feet of a fire hydrant		Is risk within 3 miles of a fire hall		Is the risk sprinklered	
Yes	No	Yes	No	Yes	No
Are all doors fitted with dead locks and windows fixed and equipped with locking devices or metal screens or bars, in sound condition?				Yes	No
If "no", do existing locks etc. adequately protect this risk?				Yes	No
Does risk have burglar alarm protecting all accessible openings? If yes, please answer the following:				Yes	No
Name of installing company:					
Type of alarm system:		Central station	Monitoring station	Local	
Does the existing alarm system adequately protect the risk?				Yes	No
Does risk have Security Guard Protection		Yes	No	If yes, name of company:	
Is glass cracked, scratched or broken?				Yes	No
Has the Agent/Broker inspected this risk?				Yes	No
Indicate physical condition of risk:			Indicate condition of housekeeping:		
excellent	good	fair	excellent	good	fair
How long has the Applicant been personally known to the Agent/Broker:					
Has Applicant ever had insurance decline or cancelled? If "yes", explain below:				Yes	No
List details of any losses in last 5 years:					
Previous Insurer and policy no.				Expiry rates/prem.	
Comments:					



