

COMMERCIAL LINES APPLICATION

Agent or Broker:		Murrick Insurance Services (Delta) Ltd., Delta, BC			Phone #		604-581-1462			604-581-1482	
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											
DESCRIPTION OF BUSINESS PREMISES AND OCCUPANCY											
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)		Building Heated By:		
		Yes	No								
Describe, below, exposing occupancies on each side of Applicant's premises:											
GENERAL INFORMATION											
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	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	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:											

