

COMMERCIAL LINES APPLICATION

Agent or Broker:		Newcombe Insurance Agencies Ltd., Vancouver, BC			Phone #	604-266-9121			Fax #	604-266-4215		
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					
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:												

