

COMMERCIAL LINES APPLICATION

Agent or Broker:		Somerset Insurance Services Co. Ltd., Vancouver, BC			Phone #		604-681-5454		Fax #		604-681-4962		
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:													

LIABILITY

Gross Receipts:		Payroll:	
Cost of Work Sublet:		U.S. Sales:	
Other Foreign Sales:			
Do contractual agreements require any additional insured's or coverage on property belonging to others?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of the following associated with the applicant's operations (if yes, describe in comments)			
Asbestos, Chemicals, Radioactive Materials	Yes <input type="checkbox"/> No <input type="checkbox"/>	Spray Painting, Welding, Hot Tarring	Yes <input type="checkbox"/> No <input type="checkbox"/>
Liquefied Petroleum, Natural Gas, Gases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Explosives, Blasting, Pile Driving	Yes <input type="checkbox"/> No <input type="checkbox"/>
Watercraft, Dock, Wharfs, Aircraft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Digging, Excavation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Underground Storage Tanks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shoring, Underpinning, Caissons	Yes <input type="checkbox"/> No <input type="checkbox"/>
Renovations, Demolition, Raising/Moving	Yes <input type="checkbox"/> No <input type="checkbox"/>	Exports or Operations in Foreign Country	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any Liquid, Gaseous or Waste Discharge or Operations performed at sites where discharge occurs?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are Sub-Contractors requested to carry liability insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are certificates of liability insurance always obtained from sub-contractors?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are formal contractual agreements entered into with sub-contractors?			Yes <input type="checkbox"/> No <input type="checkbox"/>

COMMENTS

Narrative description of process, special hazards and protection for same:

BOILER

Boiler – Machinery – Electrical - Electronics			
Computers	Telephone ceased	Boilers	Pressure vessels
Refrigeration units	Transformers	Electric motors	Electrical switchgear
			Air compressors
			Air conditioners

Date: _____

Signature of Broker: _____

Date: _____

Signature of Applicant: _____