



PROPERTY INSURANCE APPLICATION

Please Fax Completed Application to KATHY @ (780) 437-6768

Name: _____

Business Form: Corporation Partnership Individual Other

Mailing Address: _____

Phone: _____ Fax: _____ Cell: _____

Website: _____ Email: _____

Coverage Effective Date: _____

Years of Operation: _____ Years of Experience in this or Similar Operation: _____

Seasons of Operations: is your operation open year round or seasonal (months of operation): _____

Caretaker on Premises Year Round if Seasonal: Yes No

If No, Have you scheduled off-season inspections Yes No Details: _____

Is Premises located within 10km of fire hall? Yes No

Fire Fighting Equipment on Premises: Yes No Details: _____

Loss History: Describe all Property Related losses in the last 5 years: None or Describe: _____

Current Insurer and Policy Number: _____ Current Premiums: _____

ALL PROPERTY - SCHEDULE OF VALUES

- 1) Amount of insurance is bases on **Replacement Cost**.
- 2) Values **must** include transportation costs of equipment or materials to location insured.
- 3) Please attach Additional Sheets if more than 3 buildings exist.

Building #:	<u>1</u>	<u>2</u>	<u>3</u>
Legal Address:	_____	_____	_____
Nearest Town:	_____	_____	_____
Use:	_____	_____	_____
Building:	\$ _____	\$ _____	\$ _____
Contents:	\$ _____	\$ _____	\$ _____
Equipment:	\$ _____	\$ _____	\$ _____
Boats: Hull(s)	\$ _____	\$ _____	\$ _____
Motor(s)	\$ _____	\$ _____	\$ _____
Stock: Food	\$ _____	\$ _____	\$ _____
Stock: Alcohol	\$ _____	\$ _____	\$ _____
Stock: Supplies	\$ _____	\$ _____	\$ _____
Tools:	\$ _____	\$ _____	\$ _____
Fuel/Oil:	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____

BUILDING SUPPLIMENT

PLEASE COMPLETE ONE QUESTIONNAIRE PER BUILDING TO BE INSURED AND SUPPLY PHOTOS, SITE PLAN AND DISTANCE BETWEEN BUILDINGS, WHEN POSSIBLE.

Name: _____

Description of Building & Use: _____

Building# _____ Square Footage: _____

Fire Protection: <input type="checkbox"/> Hydrant <input type="checkbox"/> Fire Hall <input type="checkbox"/> Unprotected		Year Built:	Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction: <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Other: _____			
Roof: Age _____ <input type="checkbox"/> Metal <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> Updated _____			
Heating: <input type="checkbox"/> Forced Air <input type="checkbox"/> Electric <input type="checkbox"/> Hot Water <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood - ULC Approved <input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical: <input type="checkbox"/> Fuses <input type="checkbox"/> Breakers <input type="checkbox"/> Other		Wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminium Age: _____	
Alarms: <input type="checkbox"/> Local Alarm <input type="checkbox"/> Centrally Monitored	Smoke Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No	Locked Gate <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No
Building Updates:			
Cooking in this building? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes: Is there a Deep Fat Fryer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Cooking, is there a Wet Chemical System covering the cooking area? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Last Serviced: _____			

Description of Building & Use: _____

Building # _____ Square Footage: _____

Fire Protection: <input type="checkbox"/> Hydrant <input type="checkbox"/> Fire Hall <input type="checkbox"/> Unprotected		Year Built:	Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No
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