

Outlined below is some of the information we will need to obtain a quote on your behalf, but every business is different and this is the starting point.

COMMERCIAL INSURANCE INFORMATION (basic form)

Business Name: _____

Address: _____

Building Owned: _____ or Leased: _____ Date occupied by you: _____

If leased, indicate name of Landlord: _____

If owned and leased to others, amount of annual rent \$ _____

&

Loss Payee (Mortgagee) _____
(name & address)

Total sq. ftg. _____ % office _____ % warehouse / other _____

Other occupancies of building: _____
(name of tenants)

Year Built: _____ Number of Stories _____ Sprinklers Y _____ N _____

Construction: concrete (HCB) / steel _____ brick _____ wood / frame _____
(if combination, indicate % of each approx.)

Fire Hydrant within 300m Y _____ N _____ Fire Hall within 5km Y _____ N _____

Approximate replacement value of building: \$ _____

Annual Estimated Receipts: \$ _____

Date Business Established _____ # of Employees _____

Values: Computers & related equip. \$ _____

Office Furniture & Equipment \$ _____ Stock \$ _____

Equipment \$ _____ Other \$ _____

Description of operations on premises: _____

Comments: _____

Contact Name: _____ Phone: _____

Fax: _____

Signed: _____ Date: _____