



Commercial Insurance Request Form

Applicant Information

Corporation Name: _____

Incorporation Date: _____

Address: _____
Street Address *Apartment/Unit #*

City/Town *Prov.* *Postal Code*

Phone: _____ Email _____

Principle: _____

Description of Business _____

Location Information:

Address is different than above: _____

Type of Construction: Exterior walls: _____

Roof: _____

Floor: _____

Total area of Building: _____ sq.ft. Area Occupied by insured: _____ sq. ft.

of Stories: _____ Basement: _____ Yes _____ No \

Sprinklered: _____ Year Built: _____ Type of Heating: _____

Type of Electrical System: _____

Type of Security/Alarm System: _____

Distance to Fire Hydrant: _____ m Distance to Firehall: _____ Km

Contents: Equipment: \$ _____ Stock: \$ _____

Liability Desired: \$ _____ per occurrence \$ _____ aggregate

Annual Receipts: \$ _____

of Employees: _____ Annualized Payroll: \$ _____