



Franchise Insurance Program Application / Submission

PROPERTY COVERAGE

REGISTERED LEGAL :			
OPERATING NAME:			
MAILING & LOCATION ADDRESS:			
<b>CONTACT INFORMATION</b>			
APPLICANT / OPERATOR NAME:			
BUSINESS PHONE NUMBER:		BUSINESS FAX NUMBER:	
PERSONAL PHONE NUMBER:		OTHER PHONE:	
BUSINESS EMAIL:		PERSONAL EMAIL:	
<b>BUSINESS INFORMATION</b>			
YEAR BUSINESS STARTED:		YEARS EXPERIENCE:	
GROSS SALES:		NO.OF EMPLOYEES:	F/T P/T
PAYROLL:			
<b>CONSTRUCTION INFORMATION</b>			
YEAR BUILT:		AREA OCCUPIED (SQ FT.)	
TOTAL BUILDING AREA (SQ FT.)			
CONSTRUCTION TYPE:	FIRE RESISTIVE	NON-COMBUSTIBLE	MASONRY
	FRAME	BRICK VENEER	
IF BUILT PRIOR TO 1995: <i>PROVIDE YEAR WHEN FULLY UPDATED</i>	HEATING WIRING	PLIMBING ROOF	
FIRE ALARM:	LOCAL	ULC MONITORED SERVICE	
BURGLAR ALARM	LOCAL	ULC MONITORED SERVICE	
<b>PRIOR INSURANCE HISTORY</b>			
HAS COMMERCIAL INSURANCE BEEN CANCELLED DECLINED OR NON- RENEWED WITHIN THE PAST 5 YEARS?		YES	NO
ANY PRIOR CLAIMS IN THE PAST 5 YEARS?		YES	NO
IF YES, PLEASE PROVIDE DETAILS,			
<b>PROPERTY COVERAGE LIMIT REQUEST</b>			
		<b>LIMIT</b>	<b>DEDUCTIBLE</b>
BETTERMENTS & IMPROVEMENTS <i>IF APPLICABLE</i>			
EQUIPMENT COVERAGE			
STOCK	PERISHABLE		
	NON- PERISHABLE		
TRANSIT			
COMMERCIAL LIABILITY			
<input checked="" type="checkbox"/> WATER DAMAGE, SEWER BACK-UP, FLOOD - INCLUDED <input checked="" type="checkbox"/> EARTHQUAKE COVERAGE - INCLUDED <input checked="" type="checkbox"/> BOILER AND MACHINERY / EQUIPMENT BREAKDOWN- INCLUDED <input checked="" type="checkbox"/> BUSINESS INTERUPPTION COVERAGE - INCLUDED <input checked="" type="checkbox"/> INSURANCE COMPLIANCE REVIEW - INCLUDED			



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**AUTOMOBILE COVERAGE**

REGISTERED LEGAL :	
OPERATING NAME:	
MAILING & LOCATION ADDRESS:	

**AUTOMOBILE - DRIVER INFORMATION**

DRIVER #	FULL NAME	LICENSE #
#1		
#2		
#3		
#4		
#5		

**AUTOMOBILE- VEHICLE INFORMATION**

VEH#	YEAR	MAKE	MODEL	VIN
#1				
#2				
#3				
#4				
#5				

**ADDITIONAL INTEREST SECTION**

VEH#	NAME AND ADDRESS OF LIENHOLDER OR LESSOR
#1	
#2	
#3	
#4	
#5	

**CVS INFORMATION**

COMPLETE THE ATTACHED CVS FORM.

**LIMITS OF INSURANCE**

\$2,000,000 LIABILITY LIMIT (OR MORE WHEN REQUESTED)

LOSS OF USE COVERAGE \$1,500

ACCIDENT WAIVER – WHERE APPLICABLE