

**MERCANTILE APPLICATION**

**INSURED DETAILS:**

Named Insured: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Risk Address: \_\_\_\_\_  
 Description of Operations: \_\_\_\_\_  
 Number of Years in Business: \_\_\_\_\_  
 If a new venture, please describe past experience: \_\_\_\_\_  
 Required Inception Date: \_\_\_\_\_

**PROPERTY UNDERWRITING DETAILS:**

Number of Stories: \_\_\_\_\_  
 Construction:  Frame  Masonry Veneer  Masonry  Non Combustible  Fire Resistive  
 Age of Building: \_\_\_\_\_  
 Updates (if over 25 Years old): Roof: \_\_\_\_\_ Electric: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Square Footage (occupied by insured): \_\_\_\_\_ Square Footage (occupied by others – approx.): \_\_\_\_\_  
 Other building occupants: \_\_\_\_\_  
 Neighbouring exposure: \_\_\_\_\_  
 Sprinklered:  YES  NO If yes, what percentage? \_\_\_\_\_%  
 Smoke / Fire alarms:  YES  NO If yes, ULC certified:  YES  NO If yes, is it monitored:  YES  NO

**THEFT / CRIME DETAILS:**

Alarm System:  YES  NO If yes, ULC certified:  YES  NO If yes, is it monitored:  YES  NO  
 Name of Monitoring Co.: \_\_\_\_\_  
 Windows Barred?  YES  NO  
 Door Security:  YES  NO  
 Deadbolt locks?  YES  NO  
 Security Guards?  YES  NO  
 Banking Daily:  YES  NO  
 Type of Safe: \_\_\_\_\_ Class \_\_\_\_\_  
 Cash Exposure: \$ \_\_\_\_\_

**LIABILITY:**

Revenues: \$ \_\_\_\_\_

**OPERATIONAL DETAILS:**

Any tobacco products sold?  YES  NO  
 If yes, percentage of revenues from Tobacco sales: \_\_\_\_\_%  
 If yes, what is the value in dollar amount: \$ \_\_\_\_\_  
 If yes, is there a separate cage/locked cabinet used to store?  YES  NO  
 Any liquor products sold?  YES  NO  
 If yes, what is the value in dollar amount: \$ \_\_\_\_\_  
 If yes, what is the percentage of total revenues from tobacco sales: \_\_\_\_\_%  
 Any food prepared or cooking done?  YES  NO If yes, provide details: \_\_\_\_\_  
 Is there a deep fat fryer or grill?  YES  NO  
 If yes, please describe extinguishing system: \_\_\_\_\_  
 Any delivery services offered by the insured?  YES  NO  
 If yes, does the insured guarantee any specific delivery time? \_\_\_\_\_  
 If yes, please confirm number of deliveries done daily: \_\_\_\_\_

**MERCANTILE APPLICATION**

Housekeeping

Appropriate Space between racks: \_\_\_\_\_

Daily cleaning and dust removal / collection: \_\_\_\_\_

**CLAIMS HISTORY:**

Details – DOL: \_\_\_\_\_

Open / closed: \_\_\_\_\_

Circumstances: \_\_\_\_\_

Amount paid (including legal expenses and reserves): \$ \_\_\_\_\_

Has insured ever been cancelled / declined or non-renewed? \_\_\_\_\_

**CGL COVERAGE:**

COVERAGE	Limit Required	Deductible
COMMERCIAL GENERAL LIABILITY:	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
TENANTS LEGAL LIABILITY:	<input type="checkbox"/> \$500,000 included	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
NON OWNED AUTO:	<input type="checkbox"/> \$1,000,000 included	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
EMPLOYEE BENEFITS:	<input type="checkbox"/> \$1,000,000 included	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
MEDICAL PAYMENTS:	<input type="checkbox"/> \$25,000 included	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000

**PROPERTY COVERAGE:**

COVERAGE	Limit Required	Deductible
Building – All Risk		
Contents – All Risk		
Miscellaneous Property Floater - Computer Equipment (incl. Laptop) - Tools - Portable Equipment		
Profits		
Extra Expense		
Crime Limit		
Employee Dishonesty Limit		
Earthquake (restrictions in Cresta Zone 1) Flood Coverage		10% \$10,000

**PREVIOUS INSURANCE:**

Current carrier: \_\_\_\_\_ Limit: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

**DECLARATION / CONSENT:**

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

<b>Applicant's Name:</b>	<b>Position Held:</b>
<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Brokerage:</b>	<b>Broker Name:</b>
<b>Broker Email:</b>	<b>Broker phone:</b>

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizcommercial@premiergroup.ca](mailto:newbizcommercial@premiergroup.ca) \*\***  
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