



**SBC Insurance Agencies Ltd.**

#250 - 999 Canada Place  
Vancouver, BC V6C 3C1  
Tel (604) 737-3018  
Fax (604) 737-3027  
info@sbcinsurance.com

# COMMERCIAL PROPERTY APPLICATION

## PART 1: GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Insured or Applicant (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City / Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_ City / Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Activities: \_\_\_\_\_

Other Tenant's Activities: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

In operation since: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage? Yes  No

If yes, provide details: \_\_\_\_\_

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied: \_\_\_\_\_



## PART 2: UNDERWRITING INFORMATION

### Construction

Year Built: \_\_\_\_\_ No. of Storeys: \_\_\_\_\_

Total Building Sq. ft.: \_\_\_\_\_ Applicant's Sq. ft.: \_\_\_\_\_

Wall Construction:  Concrete/Brick  Steel Frame  Wood Frame  Other

Roof Construction:  Concrete  Steel Deck  Wood Joist  Steel on Steel  Other

Roof Covering:  Shingles  Tar & Gravel  Rubber Membrane  Wood Shingle  Metal  Other

Heating Type: \_\_\_\_\_ Plumbing Type: \_\_\_\_\_ Electrical Type:  Fuses  Circuit Breaker

Year Updated: \_\_\_\_\_ Roof: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_

**Protection**

Alarm System: Monitored  Local  None  Is the monitoring company ULC Approved No  Yes

Sprinklered: No  Yes  \_\_\_\_\_ % Is Sprinklered Extinguishers: No  Yes  \_\_\_\_\_ No. of Extinguishers

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 feet  Between 500 and 1000 feet  Over 1000 feet

Distance to Fire Hall: \_\_\_\_\_ Km

Fire Department: Paid full time  Paid part time  Volunteer  n/a

Neighbouring Exposures: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**PART 3: COVERAGE REQUIREMENTS**

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Business Interruption <input type="checkbox"/> Profits <input type="checkbox"/> Gross Earnings	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater ( <b>complete MPF application</b> )	
Other	

CRIME COVERAGES	AMOUNT OF INSURANCE
Employee Dishonesty (FORM A)	
Inside and Outside Robbery	
Broad Form Money & Securities	
Other	

**OPTIONAL COVERAGE:** (Select the following Optional Coverage that is required)

- Replacement Cost
- Sewer Back-up
- Flood
- Earthquake

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on the issuance of a policy or written binder specifically authorized by the Company or Agency. Quotations will be based upon the information provided and the applicant warrants that this information is true.

Authorized Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Date: [Click here to enter a date.](#)