



Insurance for  
**Things That Move.™**

201 County Court Blvd., Suite 505  
Brampton, Ontario, Canada L6W 4L2  
Tel: (905) 455-6608 Fax: (905) 455-5298

885 West Georgia Street, Suite 1500  
Vancouver, BC., Canada V6C 3E8  
Tel: (604)683-0506

Email: [eagle@eagleunderwriting.com](mailto:eagle@eagleunderwriting.com)  
[www.eagleunderwriting.com](http://www.eagleunderwriting.com)

**Application for Office Package Insurance**

**IMPORTANT NOTE:** The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

**Section 1 – General Information**

Name _____	
Street _____ Suite _____	New Policy <input type="checkbox"/>
City _____ Province _____	Renewal Policy <input type="checkbox"/>
Postal Code _____	Individual <input type="checkbox"/>
Contact Name _____	Corporation <input type="checkbox"/>
Telephone _____	
Name of Previous Insurer: _____	Expiry Date: _____
Description of Operations: _____	
Years in Business: _____	Years of Related Prior Experience: _____
Number of Employees: _____	Annual Gross Receipts: _____
Percentage of Gross Receipts: Canadian _____ United States _____ Foreign _____	
Exposures: <input type="checkbox"/> Clear all directions or;	
Left of Insured: _____ Right of Insured _____ Behind Insured _____	

**Section 2 – Loss History**

Have there been any losses or claims by the applicant in the past 5 years? Yes  No  If yes, please complete chart below:

Loss Date	Loc. #	Cause	Status	Paid Amount	Reserve Amount	Insurance Company

### Section 3.a – Risk Location

Use additional forms for each location, if necessary

LOCATION NUMBER \_\_\_\_\_

<b>Location Address:</b>											
<b>OCCUPANCY</b>				<b>FIRE PROTECTION</b>							
Percentage Occupied by Applicant:				Municipal Fire Protection Zone:							
Occupancy by Others:				Fire Protection Grade:							
<b>CONSTRUCTION</b>				Fire Alarm System:							
Year Built:				Sprinklered: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what percentage? _____							
Number of Stories:				<b>BURGLARY AND CRIME PROTECTION</b>							
Square Feet:				Burglary Alarm System:							
Walls:				Other Physical Protection:							
Floors:				Dead Bolt Door Locks:		Single Cylinder <input type="checkbox"/> Double Cylinder <input type="checkbox"/> None <input type="checkbox"/>					
Roof:				Window Bars:		Yes <input type="checkbox"/> No <input type="checkbox"/>					
Renovation Updates:				Surveillance Cameras:		Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Type</b>		<b>Year</b>		<b>Full</b>		<b>Partial</b>		Fence:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Electrical								Watchman/Security Guards:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Plumbing								Guard Dog:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heating								Exterior Lighting:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Roof								Entrance Visible From Street:		Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Section 3.b – Coverages

Coverage	Limit	Deductible
Building RC <input type="checkbox"/> ACV <input type="checkbox"/> POED <input type="checkbox"/>		
Equipment RC <input type="checkbox"/> ACV <input type="checkbox"/> POED <input type="checkbox"/> COED <input type="checkbox"/>		
Stock RC <input type="checkbox"/> ACV <input type="checkbox"/> POED <input type="checkbox"/> COED <input type="checkbox"/>		
Earthquake		
Flood		
Sewer Back Up		
Equipment Breakdown Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/>		
Business Interruption Extra Expense <input type="checkbox"/> Profits <input type="checkbox"/> Gross Earnings <input type="checkbox"/>		
Other Coverage:		

**Section 4 – Liability**

Coverage	Limit	Deductible
Commercial General Liability		
Bodily Injury and Property Damage (Per Occurrence)		
Products and Completed Operations Aggregate		
Personal Injury		
Advertising Liability		
Medical Payments		
Tenant's Legal Liability		
S.P.F 6 - Non-Owned Automobile		
S.E.F 94 - Legal Liability for Damage to Hired Automobiles		
Other Coverage:		

**Section 5 – Crime - Included in Package Policy Extensions**

Coverage	Included Limit	Alternate Limit	Deductible
Employee Dishonesty Bond Form A	\$5,000		
Money & Securities B.F. Overnight Limit \$1,000 w/o safe	\$5,000		
Depositors Forgery	\$2,500		
Money Orders and Counterfeit Paper	\$2,500		
Other Coverage:			

**Section 6 – Additional Insureds and Loss Payees**

Type	Name	Mailing Address
Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/>		
Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/>		

**Section 7 – Applicant's Signature**

Completion of this application is not a guarantee of coverage. Coverage may be offered upon review and approval of the underwriter. If a quotation is put forward, it will contain various Terms, Conditions and Exclusions. The Insurance company strongly recommends that you examine the quotation with your Insurance Broker before acceptance. **I hereby confirm that the information given above and in any attached sheet(s) is true and correct.**

Name of Applicant (Please Print)	Applicant's Signature
Title	Date Signed