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Application for Office Package Insurance

Insurance for
Things That Move.™

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 _____
City _____	Province _____
Postal Code _____	
Contact Name _____	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 and COPE

Use additional forms for each location, if necessary

LOCATION NUMBER _____

Location Address:							
OCCUPANCY				FIRE PROTECTION			
Percentage Occupied by Applicant:				Municipal Fire Protection Zone:			
Occupancy by Others:				Fire Protection Grade:			
CONSTRUCTION				Fire Alarm System:			
Year Built:				Sprinklered: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what percentage? _____			
Number of Stories:				BURGLARY AND CRIME PROTECTION			
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"/>	
Type		Year		Full		Partial	
Electrical						Fence: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Plumbing						Watchman/Security Guards: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heating						Guard Dog: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Roof						Exterior Lighting: Yes <input type="checkbox"/> No <input type="checkbox"/>	
				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