



Date Completed:

**APPLICATION**

Insured Name:	
Insured Mailing Address:	
	Postal Code:

**GENERAL INFORMATION**

Contact:	Phone No.:	Fax No.:
Presently Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Expiry Date:	
Form of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		
Description of Operations:		
Year Business Established:	No. of Employees:	Full-time:      Part-time:
Prior Carrier and Policy No.:		

Three Year Loss History – attach separate pages if necessary

Date of Loss	Type of Loss	Amount Paid





**SCHEDULE OF INLAND MARINE COVERAGES (misc. articles / fine arts / CEF)**

Item	Description of Property, including serial no. (attach separate list if necessary)	Limit	Deductible	
Maximum Value Any One Item				
<b>Property in Transit:</b> (Extensions)		Limit:	Deductible:	
Annual Shipment Value: \$		Maximum any one shipment: \$		
Incoming Shipments: \$		Outgoing Shipments: \$		
Description of Merchandise:				
<b>Installation Floater:</b> (Extensions)		Limit:	Deductible:	
Estimated Installation Receipts: \$				
Average Job Size: \$		Largest Job Size: \$		
Average Job Time:		Longest Job Time:		
<b>Business Income</b>		Limit	Deductible	
Business Income, Expenses, Rent   Loc. #:				
Added Coverages				
Profits Indemnity Period Endt. <input type="checkbox"/>				
<b>Commercial General Liability</b>		Limit	Deductible	
Commercial General Liability				
Tenant Legal Liability (\$250,000 included in policy)				
Employee Benefits Liability				





## UNDERWRITING WORKSHEET

**Crime** (limits to be completed if different from those provided in the policy)

Coverage	Limit	Deductible	
BFMS (\$5,000 included)			
Employee Dishonesty			
Other Coverage's			

Following information to be provided if crime limits are higher than the default limits.

1) Class of safe:

- |   |   |
|---|---|
| <input type="checkbox"/> No Safe  | <input type="checkbox"/> Money Safe – 'DR' UL Label / TL-30 UL Label  |
| <input type="checkbox"/> Fire Resistive Record Safe with Combination Lock | <input type="checkbox"/> Money Safe – Chubb ABP / TRTL-30 UL Label    |
| <input type="checkbox"/> Money Safe – Steel with Combination Lock         | <input type="checkbox"/> Money Safe – TRTL-30X6 UL / TRTL-60 UL Label |

2) No. of Class 1 employees:

No. of Class 2 employees:

3) Occupational class of Risk:  No exposure  Average  Moderate  Extreme

4) Are there any guards:  Yes  No

If no, then provide the number of other people accompanying the cash carrier: \_\_\_\_\_

5) Number of credit cards issued: \_\_\_\_\_

### Privacy Disclosure and Consent

I am applying for insurance based on the information provided above. With respect to this application or any renewal or change to my coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving information and claims history.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Official Title: \_\_\_\_\_