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| The Edge Program Application | INSURANCEIntact logo_MASTER_bw_52**Intact Insurance Company** |
| **Type of Policy:** [ ]  Commercial Edge Accel+ **[ ]** Contractors Edge [ ]  Wholesalers Edge [ ]  Manufacturers Edge **[ ]** Commercial Edge Plus [ ]  Contractors Edge Plus [ ]  Wholesalers Edge Plus [ ]  Manufacturers Edge Plus  [ ]  Custom Edge  |
| ***Use a separate form for additional locations and / or if insufficient space.*** |
| **Basic Information** |
| Broker: |       | Broker No.: |       |
| Full Name of Insured: |       |
| Full Name of Principal(s): |       |
| Postal Address (*including Postal Code*): |       |
| Full Details of Operations (*If Building Owner, list Occupants*) : |
|       |
| Contact Name: |       | Telephone: |       |
| No. of years in business: |       |
| Previous Insurer: |       | Policy No.: |       | Exp. Date: |       |
| Previous insurance declined or cancelled? [ ]  Yes [ ]  No If yes, full details:       |
| Any claims in the last 5 years? [ ]  Yes [ ]  No If yes, provide full details including date, type of loss, amount paid and outstanding:  |
|       |
| Mortgagee/Loss Payee Name and address (*including Postal Code*): |
| 1.       |
| 2.       |
| **Location Details *(attach photograph where possible)*** |
| Address (*if different from Postal Address*):        |
| Wall Construction (**✓** box): [ ]  Reinforced Concrete [ ]  Hollow Concrete Block [ ]  Solid Brick Masonry  [ ]  Brick Veneer [ ]  Glass Panel – Metal Frame [ ]  Metal Clad – Steel frame  [ ]  Metal/Vinyl Clad – Wood Frame [ ]  Frame/Stucco [ ]  Log, Rustic |
| Roof Construction (**✓** box): [ ]  Concrete joist [ ]  Steel deck [ ]  Wood joist [ ]  Heavy Timbers  [ ]  Open Steel System, Corrugated Metal, Steel Trusses [ ]  Open Wood, Corrugated Metal |
| Floor Construction (**✓** box) : [ ]  Reinforced Concrete (*Fire-Resistive)* [ ]  Wood *(Combustible)*  [ ]  Concrete Pad *(Non-Combustible )* |
| Total area of Building *(Including Basement*): |        | [ ]  m2 [ ]  sq. ft2 |
| Area occupied by Insured: |        | [ ]  m2 [ ]  sq. ft2 |
| No. of stories *(Excluding Basement)*:        | Basement: [ ]  Yes [ ]  No |
| Type of Heating: Primary:       | Secondary:       | Type of Electrical System: [ ]  Circuit Breakers [ ]  Fuses |
| Year built:        | If building over 35 years old, have updates been carried out? [ ]  Yes [ ]  No |
| If yes, when to: | Heating System:        | Wiring:       | Roof:        | Plumbing:        |
| Distance to Hydrant:       [ ]  metres [ ]  feet | Distance to Firehall:       [ ]  kms [ ]  miles |
| Sprinklered? [ ]  Yes [ ]  No |  |
| Building Type (**✓** box) [ ]  Single [ ]  Industrial Mall [ ]  Enclosed Mall [ ]  Retail Strip Plaza [ ]  Apt. Building  |
|  [ ]  Other – specify  |       |
| Neighbouring Exposure? [ ]  Yes [ ]  No If yes, full details: |
| Occupant (Right):  |       | Area Occupied:        | [ ]  m2 [ ]  sq. ft2 |
| Occupant (Left):  |       | Area Occupied:        | [ ]  m2 [ ]  sq. ft2 |
| Quality of Neighbourhood: | [ ]  Declining /Congested [ ]  Improving/Developing [ ]  Stable [ ]  Not Known |

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| **Physical Protection** |
| Fire Alarm (**✓** box): [ ]  None [ ]  Local [ ]  Monitoring [ ]  ULC Certified *(attach certificate)* |
| Burglar Alarm (**✓** box): [ ]  None [ ]  Local [ ]  Monitoring [ ]  ULC Certified *(attach certificate)* |
| Extent of protection : [ ]  Perimeter [ ]  Area Line Security [ ]  Yes [ ]  No  | Type?  |       |
| Details of physical protection, locks on doors, bars or windows etc. (*see Loss Control Checklist*):       |
| Safe: [ ]  Yes [ ]  No If yes, describe:  |       |
| Number of employees handling money:  |        | Maximum amount of cash on premises:  | $      |
| **Operational Details** |
| Receipts : | $       | Show Revenue by operation:  |       |
| Canadian Sales: $       | Foreign Sales: $      (Specify country(ies)): |
|       |
| U.S. Sales : [ ]  Yes [ ]  No  | If yes, Annual U.S. Sales: | $      |
| List States sold to:  |       |
| Any repairs and/or installations away from own premises? [ ]  Yes [ ]  No If yes, describe:       |
| Is the applicant responsible for snow removal of their premises? [ ]  Yes [ ]  No |
| Are Subcontractors used (incl. snow removal)? [ ]  Yes [ ]  No If yes, describe: |
| 1. Full details of work and cost of work sublet:  |       |
| 2. Is proof of insurance obtained? [ ]  Yes [ ]  No  | Limit: $      |
| **Wholesalers:** Any alterations to products, including repackaging? [ ]  Yes [ ]  No  |
| If yes, describe:  |       |
| **Restaurants:** Automatic extinguishing systems?[ ]  Yes [ ]  No  | Semi-annual maintenance contract? [ ]  Yes [ ]  No |
| Semi-annual duct cleaning? [ ]  Yes [ ]  No |
| Any Liquor Sales? [ ]  Yes [ ]  No If yes, Annual Sales: $      |
| ***Receipts Evaluation:***  [ ]  Increasing [ ]  Stable [ ]  Decreasing |
| ***Management Evaluation:***  [ ]  Excellent [ ]  Good [ ]  Average [ ]  Fair [ ]  Poor |
| **Limits** |
| Item | Coins.If appl. | Limits | Coverage and/or Deductible | Repl. or ACV. | Optional Coverages | Checkand/or Limit |
| Building |       |       |       |       | Umbrella |       |
| Equipment |       |       |       |       | Earthquake |       |
| Stock |       |       |       |       | Flood |       |
| Business Interruption |       |       |       |       | Sewer Back-up |       |
| Broad Form Money and Securities |       |       |       |       | Boiler and Machinery (specify Option) |       |
| CGL |       |       |       |       | Condominium D & O |       |
| Changes to the ‘standard’ Edge |       |       |       |       | Professional |       |
| Other (*Please state*) :       |
| Contractors Equipment |
| Item | Description (*including age of item*) | Value |
|       |       |       |
|       |       |       |
|       |       |       |
| **Any Other Comments** |
|       |

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| I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker’s or insurance company’s policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, 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. |
|  |  |  |  |  |
|  |  |       |  | Easipay: [ ]  Yes [ ]  No |
| Signature |  | Date |
|  |
|       |
| Position |  |

***Signing of this form does not bind the Applicant to complete the insurance.***