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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 | | | | | | Check  and/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.***