



#70 – 220 Betts Avenue
 306-250-4786 (Cell)
 306-653-4066 (Office)
 ddeswiage@saskatooninsurance.ca

Commercial Application

Applicant Name: _____

Mailing Address: _____

Contact Person _____

Phone Number _____ Email Address: _____

Legal Entity Corporation Years in Operation _____

Partnership Years of Experience _____

Sole-Proprietor Website: _____

Other: _____

List any subsidiaries and their operations: _____

LOCATION DETAILS

Physical Address (including Postal Code): _____

Height (Stories) _____	Area Occupied by Insured: _____	ft ²	Total Area: _____	ft ²
Year Built: _____	Construction: _____		Type: _____	
Updates	Roof _____	Fire Resistive _____ %	Roof _____	
	Heating _____	Masonry _____ %	Heating _____	
	Plumbing _____	Non-combustible _____ %	Plumbing _____	
	Electrical _____	Frame _____ %	Electrical _____	

Building Type Industrial Warehouse Enclosed Mall Retail/Strip Mall Apartment/Condominium

Occupancy by others _____

Fire Hydrant Distance: _____ m Firehall Distance: _____ km Sprinklered: _____ %

Alarm Fire None Local Monitored ULC Certified (attach certificate)

 Burglar None Local Monitored ULC Certified (attach certificate)

Details of Physical Protection (i.e. door locks, barred windows, etc.) _____

BUSINESS OPERATIONS – Describe and provide a breakdown of types of operations:

Operations	Revenue (\$)	% Distribution		
		CAN:	USA:	Other:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____

Any work performed away from the premises? If Yes, please describe: _____

Provide description of U.S. operations: _____

Number of employees and annual payroll:

	Administration:	Service:	Sales:	Other:	Total:
No. of Employees	_____	_____	_____	_____	_____
Annual Payroll	_____	_____	_____	_____	_____

Sub-contractors – If sub-contractors are used please advise:

Description of work	% of Gross Annual Revenue	Do you obtain proof of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRODUCTS - Please advise the estimated annual revenue for each product manufactured, sold or distributed

Description of Product	Revenue		
	Canada	United States	Other (Specify)
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	_____	_____

Any alterations to products, including mixing, blending, repackaging or re-labeling? If Yes, please describe: _____

Are the products manufactured/assembled outside of Canada? If Yes, please advise which countries. _____

CLAIMS HISTORY – Please provide details for all losses within the last five years

Date of Loss	Description	Status Open/Closed	Amounts Paid including Expenses or Reserve Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you aware of any incidents or losses which may result in a claim? If Yes, please describe: _____

COVERAGES & LIMITS

Coverage	Co-Ins	Ded	Limit	Coverage	Co-Ins	Ded	Limit
Building				Business Interruption			
Equipment				Profits			
Stock (ACV)				Gross Earnings			
Misc. Property Floater				Rental Income			
Electronics – Off Premises				Extra Expense			
Property In Transit							
Tools				Crime:			
Contractors Equipment				Employee Dishonesty			
Installation Floater				Inside/Outside Robbery			
Accounts Receivable				Money Orders & Counterfeit Paper			
Valuable Papers				Third Party Extension Endorsement			
Bailees Coverage							
Fine Arts				Commercial General Liability			
Glass				Tenant’s Legal Liability			
Other:				Non-Owned Automobile Liability			

We may collect, use, and disclose personal information for the purposes of assessing risk, investigating and settling claims, and detecting and preventing fraud. Notice is hereby given in connection with your application for insurance, that a report containing personal information on you is being sought. This information may be shared with third parties such as insurers, government agencies or other industry entities and service providers as permitted by law. By signing this application, you consent to the above. If you are providing personal information about anyone else including, but not limited to, employees, directors, officers, partners, agents, or reps, by signing below you confirm that you have authorization to consent on their behalf, and consent to the aforementioned terms.

_____	_____	_____
Applicant Signature	Name of Applicant	Date

Position		
_____	_____	_____
Signature of Broker	Name of Broker	Date