

**OFFICE PROPERTY INSURANCE SECTION**

Standard MRIA Property Insurance Package:

Coverage	Standard Program Limits	Indicate if Additional Limits are Required
Office Contents <sup>1</sup>	\$50,000	
Computer Equipment, Data and Media	\$25,000	
Laptop	Not automatically included. \$1.60 / \$100 of coverage	
Business Interruption <i>Extra Expenses</i>	\$25,000	
Business Interruption <i>Contingent Business Interruption</i>	\$25,000	
Comprehensive Crime	\$10,000	

<sup>1</sup> Office Contents includes Furniture, Fixtures, Stock, Supplies, etc.

Please provide the following details for your office location:

Year built: \_\_\_\_\_ If building is over 30 years, has it been fully gutted/renovated in the last 10 years?  YES  NO

If 'YES', provide dates of updates for the following: Plumbing \_\_\_\_\_ Wiring \_\_\_\_\_ Roofing \_\_\_\_\_ Furnace \_\_\_\_\_ Heating \_\_\_\_\_

*If other updates or renovations have been done, please provide full details on another sheet.*

Is the building in a strip mall?  YES  NO Is this an enclosed mall?  YES  NO

Is this a stand-alone building?  YES  NO Are you the sole occupant?  YES  NO

Square feet you occupy: \_\_\_\_\_ Number of stories: \_\_\_\_\_ Number of units: \_\_\_\_\_

Heat detectors?  YES  NO *If 'YES' how many?* \_\_\_\_\_ Is the building sprinklered?  YES  NO

Does it have smoke detectors?  YES  NO *If 'YES' how many?* \_\_\_\_\_ Hydrant protected?  YES  NO

Distance to hydrant? \_\_\_\_\_ Distance to nearest fire hall? \_\_\_\_\_

Do you have an Approved ULC Central Station Burglar Alarm System?  YES  NO

*If 'YES', please provide name of monitoring company* \_\_\_\_\_

Do you have an Approved ULC Central Station Fire Alarm System?  YES  NO

*If 'YES', please provide name of monitoring company* \_\_\_\_\_

Describe any physical barriers to entry: (For example: doors, locks, bars, etc.) \_\_\_\_\_

**Building Construction Details** – Please check one of the following:

- Fire Resistive Reinforced Concrete with Concrete Roof
- Non Combustible Masonry Walls with Steel Deck Roof
- Masonry – Solid Brick or Concrete Block – with Wood Joist Roof or Floor
- Wood Frame, Brick Veneer, Aluminum Siding over Frame with Wood Joist Roof or Floor

**OFFICE PROPERTY INSURANCE HISTORY**

- Existing Insurance Company (if applicable) \_\_\_\_\_
- Existing Policy Number \_\_\_\_\_
- Expiration Date \_\_\_\_\_
- Expiring Premium \_\_\_\_\_

**Have you ever had insurance cancelled or declined?**

YES  NO

*If 'YES', please provide the following information:*

**Which insurance company?** \_\_\_\_\_

**When?** \_\_\_\_\_

**For what reason(s)?** \_\_\_\_\_

**Five Year Loss History for Liability and/or Office Property:**

Date (DD/MM/YY)	Type	Amount Paid	Amount O/S	Details

**Name and address of any Mortgagees / Lienholders:** \_\_\_\_\_

**IMPORTANT NOTICE:**

*The undersigned declares that to best of his/her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind The Applicant, it is agreed that should a policy be issued, this application will be attached to and made part of The Policy. If the information supplied on this application or attachments thereto changes between the date of this application and the inception date of the policy, The Applicant will immediately notify The Company of such changes.*

**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.

**Signature of Applicant:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date** \_\_\_\_\_