|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Which sections  should you | | Section | | Title | Should you complete it? |
| complete | | 1. | | Your business | **All businesses must complete this section** |
|  | | 2. | | Associated companies | Please complete this section if you require cover under any section of cover for associated companies |
|  | | 3. | | Commercial general liability | Please complete applicable questions in this section |
|  | | 4. | | Property - buildings and contents | Please complete applicable questions in this section |
|  | | 5. | | Claims | **All businesses must complete this section** |
|  | | 6. | | Declaration | **All businesses must complete this section** |
| Terms & conditions |  | | **The following conditions must be met in order for participation under this insurance program.**  **Please place “X” in each box to confirm you are complying with these statements.** | | |
|  |  | | No sales, operations or business travel outside of Canada | | |
|  |  | | The business does not have any locations in Quebec | | |
|  |  | | All buildings at least 70% occupied | | |
|  |  | | There were no losses in the past five years (otherwise submit separate record of claims) | | |
|  |  | | No rental of any goods by the applicant | | |

|  |  |
| --- | --- |
| This application form | The purpose of this application form is for us to find out who you are and what you do in order to provide you a quotation through Pirbright Professions Inc. on behalf of our insurance markets. It does not oblige either party to enter into a contract of insurance. |
|  | Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle the insurer to treat this insurance as if it never existed. |
|  | If a contract of insurance is agreed between you and the insurer, this application form, and all other information given to us by you or anyone on your behalf, whether it is written, verbal or otherwise, will form the basis of the contract. |
|  | Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must make all the necessary enquiries of their fellow directors, officers, board members, senior managers and employees to enable all the questions to be answered completely, accurately and clearly. |

|  |  |
| --- | --- |
| **Section 1 - Your Business** | **You must complete this section.** |

|  |  |  |
| --- | --- | --- |
| 1.1 Your business | Business name |  |
|  |  |  |
|  | Principals name |  |
|  |  |  |
|  | Operations |  |
|  |  |  |
|  | Main address |  |

|  |  |  |
| --- | --- | --- |
|  | Postal code |  |
|  | Phone number |  |
|  | Year business established |  |
|  | Years’ experience as a Land Surveyor |  |
|  | Email address |  |
|  | Website |  |

|  |  |  |
| --- | --- | --- |
| 1.2 Your employees | Your total number of employees |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1.3 Subcontractors | a. Are any operations subcontracted? | Yes |  | No |  |
|  | b. If yes, what percentage of work is subcontracted? | % | | | |
|  | c. Description of work subcontracted if greater than 30%? |  | | | |

|  |  |
| --- | --- |
| 1.4 Your income | Your total income: please provide a breakdown according to the legal jurisdiction of your contracts: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Jurisdiction  dd/mmm/yyyy | **Last completed financial year**  Year ending: | **Current year**  Year ending: | **Estimate next year**  Year ending: |
|  | Canada | $ | $ | $ |
|  | United States | $ | $ | $ |
|  | Worldwide (other than Canada & USA) | $ | $ | $ |
|  | **Total** | $ | $ | $ |

|  |  |
| --- | --- |
| **Section 2 –** | **Please complete this section if you require cover under any section of cover for additional insureds.** |
| **Additional Named** |  |
| **Insured** | We can extend this insurance to include additional named insureds. |

|  |  |
| --- | --- |
| 2.1 Additional | Coverage will only be provided for additional named insureds. |
| insureds |  |
|  | Please provide the following details for all additional named insureds. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Relationship | Mailing Address | Postal Code | Prov |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| --- | --- |
| **Section 3 –** | **Optional – only complete this section if this insurance cover is required.** |
| **Commercial General Liability** |  |

|  |  |  |
| --- | --- | --- |
| 3.1 Revenue | What is your total revenue? | $ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.2 Cover required | a. Please tick the limit of **coverage** required for Commercial General Liability: | | | | | | | | | | | | | | | |  |
|  | $1,000,000 |  | | |  | $2,000,000 | |  | |  | $5,000,000 | |  | | Other | | $ |
|  |  | | | | | | | | | | | | | | | |  |
|  | b. Please tick the limit of **deductible** required for Commercial General Liability: | | | | | | | | | | | | | | | |  |
|  | $1,000 | |  |  | | | $2,500 | |  |  | | $5,000 | |  | |  |  |

|  |  |  |
| --- | --- | --- |
|  | c. Who was your previous insurer? |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | d. Please tick the limit of **coverage** required for Tenant’s Legal Liability: | | | | | | | | |  |
|  | $250,000 |  |  | $500,000 |  |  | $1,000,000 |  | Other | $ |

|  |  |
| --- | --- |
| **Section 4 - Property - Buildings and Contents** | Please complete applicable questions in this section. **Sections in bold are mandatory.** |

|  |  |  |  |
| --- | --- | --- | --- |
| 4.1 Location of  premises to be | Location | Full address | Postal Code |
| covered | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 4.2 Occupancy | For all premises listed above, please confirm the following: |  | | | | |
| **PLEASE**  **COMPLETE** | 1. Number of stories in the building? |  |  | |  |  |
|  | 1. What is the square footage of the area you occupy? |  | | | | |
|  | 1. Is the entire building used for office based activities? | Yes |  | | No |  |
|  | 1. If **No**, what are the operations of others in the building? |  | | | | |
|  | 1. Is any portion of the building vacant? | Yes |  | No | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4.3 Construction  details | a. Are the buildings constructed with fire resistive materials? | Yes |  | No |  |
|  | b. Are the buildings constructed with non-combustible materials? | Yes |  | No |  |
| **PLEASE**  **COMPLETE** | c. Are the buildings constructed with non-combustible/non-masonry materials? | Yes |  | No |  |
|  | d. Are the buildings constructed with masonry materials? | Yes |  | No |  |
|  | e. Are the buildings constructed with brick veneer materials? | Yes |  | No |  |
|  | f. Are the buildings constructed with frame or other materials? | Yes |  | No |  |
|  | g. What is the roof constructed of? |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4.4 Building details | Please indicated the applicable heating system: |  | | | |
|  | 1. Electric? | Yes |  |  |  |
| **PLEASE** | 1. Hot air (oil) system? | Yes |  |  |  |
| **COMPLETE** | 1. Hot air (gas) system? | Yes |  |  |  |
|  | 1. Hot water steam system? | Yes |  |  |  |
|  | 1. Hot air (gas) system? | Yes |  |  |  |
|  | 1. Solid fuel burning? | Yes |  |  |  |
|  | 1. Other heating system? If **Yes,** please describe. |  | | | |
|  | 1. Is there a secondary source of heat? If **Yes**, please describe. |  | | | |

|  |  |  |
| --- | --- | --- |
| 4.4 Building details  (continued) | Year the building was built?  If the building was built prior to 1980, what year was the following upgraded: |  |
|  | 1. Plumbing |  |
|  | 1. Heating |  |
|  | 1. Roof |  |
|  | 1. Electrical |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4.5 Burglary protection | Are the premises protected by an intruder alarm system? | | | | | Yes |  | No |  |
|  | | Please indicate the type of alarms fitted at the premises: | |  | | | | | |
|  | |  | Standard physical protection |  | Superior physical protection | | | | |
|  | |  | Local alarm & standard physical protection |  | Local alarm & superior physical protection | | | | |
|  | |  | Monitored alarm & standard physical protection |  | Monitored alarm & superior physical protection | | | | |
|  | |  | Security guards |  |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Are the premises fitted with a safe? | Yes |  | | No |  | |
|  | If Yes, please indicate if Class 1 or Class 2 safe. | Class 1 |  | Class 2 | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4.6 Security | a. Is the building fully sprinklered? | Yes |  | No |  |
| **PLEASE** | b. Is the building within 155 metres of two public fire hydrants? | Yes |  | No |  |
| **COMPLETE** | c. Is the building within 5km of a fire hall? | Yes |  | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 4.7 Location | Please check next to the type of location that applies to you: |  |  |
| details | 1. Urban – primarily residential | Yes |  |
|  | 1. Urban – primarily commercial | Yes |  |
| **PLEASE** | 1. Urban – primarily industrial | Yes |  |
| **COMPLETE** | 1. Non-Urban – primarily business area | Yes |  |
|  | 1. Non-Urban – remainder | Yes |  |
|  | 1. Rural or isolated | Yes |  |

|  |  |
| --- | --- |
| 4.8 Loss payee & mortgagees | If there are any additional financial interests in the property such as loss payees or mortgagees, please confirm below: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of party | Interest of party | Full address and Postal Code |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4.9 Amounts insured | **a. Buildings (if applicable)** | | | |
|  | Please enter the full rebuild cost in the table below: | | | |
|  |  | Location 1 | Location 2 | Location 3 |
|  | Buildings | $ | $ | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | b. **Contents at the premises (if applicable)** | | | |
|  | Please enter the replacement cost as new for each category in the table below. For fine art, please also enter a description. | | | |
|  |  | Location 1 | Location 2 | Location 3 |
|  | General office contents | $ | $ | $ |
|  | Computers and other electronic equipment kept on premises | $ | $ | $ |
|  | Software | $ | $ | $ |
|  | Fine Art | $ | $ | $ |
|  | Tenant improvements & betterments | $ | $ | $ |
|  | Total: | $ | $ | $ |
|  | Business Income | $ | $ | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **c. Property away from the premises (if applicable)** | | | |
|  | Please enter the replacement cost as new for each category in the table below. The geographical limit determines the cover given to the items – please do not double count (e.g. if an item is included in ‘within Canada’ then it does not need to be counted in either ‘within the US’ or ‘worldwide’). | | | |
|  |  | Within Canada | Within the US | Worldwide |
|  | Portable computers and electronic equipment | $ | $ | $ |
|  | Field equipment | $ | $ | $ |

\*Field Equipment Limits: $250,000 maximum per item; $750,000 maximum total

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | d. **Please tick the limit of deductible required for Property coverage:** | | | | | | | | |  |
|  | $1,000 |  |  | $2,500 |  |  | $5,000 |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4.10 Additional coverages | Are the following coverages required: | | | | | |  | | | |
|  | 1. Flood | | | | | | Yes |  | No |  |
|  | 1. Earthquake | | | | | | Yes |  | No |  |
|  | 1. Sewer backup | | | | | | Yes |  | No |  |
|  | 1. Crime | | | | | | Yes |  | No |  |
|  | 1. If **Yes** to crime cover, number of employees handling money and securities? | | | | | |  |  |  |  |
|  | Please tick the limit of employee dishonesty required for crime coverage: | | | | | |  | | | |
|  | $10,000 |  | $25,000 |  | $50,000 |  |  | | | |
|  | 1. Business Income | | | | | | Yes |  | No |  |
|  | If **Yes** to business income, period of indemnity: | | | | | |
|  | 12 months |  | 18 months |  | 24 months |  |  | | | |

|  |  |
| --- | --- |
| **Section 5 - Claims** | **You must complete this section. Please complete the claims questions for any risk now to be insured.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5.1 General | a. Has the company ever been declined, non-renewed or cancelled by an insurer for Commercial General Liability insurance? | Yes |  | No |  |

|  |  |  |
| --- | --- | --- |
|  | If Yes to question to question a, pleased provided details: | |
|  | Date | Details |
|  | dd-mmm-yyyy |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | b. During the last three years, has the company had any claims made against it? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | If Yes to question to question b, pleased provided details: | | | |
|  | Date | Details | Amount | Remedial Action |
|  | dd-mmm-yyyy |  |  |  |

|  |  |
| --- | --- |
| **Section 6 -Declaration** | **You must complete this section.**  **Please read the declaration carefully and sign at the bottom.** |

|  |  |
| --- | --- |
| 6.1 Material information | Please provide us with details of any information which may be relevant to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please provide us with the details. |

|  |  |
| --- | --- |
| 6.2 Your information | By signing this application form, you consent to Pirbright Professions Inc. using the information **we** may hold about **you** or others related to **your policy** for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about **you** or others related to **your policy** where this is necessary (for example health information or criminal convictions). This may mean Pirbright Professions Inc. has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Pirbright Professions Inc. as set out above. The information provided will be treated in confidence and in compliance with the Personal Information Protection Act (PIPA). **You** or others related to **your policy** mayhave the right to apply for a copy ofthis information and to have any inaccuracies corrected.  For training and quality control purposes, telephone calls may be monitored or recorded. |

|  |  |
| --- | --- |
| 6.3 Declaration | I/We declare that (a) this application form has been completed after proper inquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our application for insurance have been disclosed.  I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our application for insurance.  I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to void this insurance policy.  I/We agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Signature of director/officer/board member/senior manager |  | Date – dd/mmm/yyyy |

**A copy of this application should be kept for your records**

|  |  |
| --- | --- |
| 6.4 Complaints | Should you have any questions or if you require any additional information, please do not hesitate to contact us. Contact information as follows: |
|  | Dafydd Griffith Barb Taylor  President Assistant Vice President  [dgriffith@pirbright.ca](mailto:dgriffith@pirbright.ca) [btaylor@pirbright.ca](mailto:btaylor@pirbright.ca)  Telephone: 403-800-9112 Telephone: 403-800-9113  Pirbright Professions Inc.  1915 – 34 Avenue SW  Calgary AB T2T 2C2  Toll Free: 1-888-674-1148  Fax: 1-888-674-7538 |