



Land Surveyors Commercial General Liability & Property Application Form

Which sections should you complete

Section	Title	Should you complete it?
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.



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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: <input style="width: 100px; height: 15px;" type="text"/>	Current year Year ending: <input style="width: 100px; height: 15px;" type="text"/>	Estimate next year Year ending: <input style="width: 100px; height: 15px;" type="text"/>
Canada	\$	\$	\$
United States	\$	\$	\$
Worldwide (other than Canada & USA)	\$	\$	\$
Total	\$	\$	\$



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Section 2 – Additional Named Insured

Please complete this section if you require cover under any section of cover for additional insureds.

We can extend this insurance to include additional named insureds.

2.1 Additional insureds

Coverage will only be provided for additional named insureds.

Please provide the following details for all additional named insureds.

Name	Relationship	Mailing Address	Postal Code	Prov

Section 3 – Commercial General Liability

Optional – only complete this section if this insurance cover is required.

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 \$



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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 covered

Location	Full address	Postal Code
1.		
2.		
3.		

4.2 Occupancy

For all premises listed above, please confirm the following:

PLEASE COMPLETE

- a. Number of stories in the building?
- b. What is the square footage of the area you occupy?
- c. Is the entire building used for office based activities?
- d. If **No**, what are the operations of others in the building?
- e. Is any portion of the building vacant?

Yes No

Yes No

4.3 Construction details

- a. Are the buildings constructed with fire resistive materials?
- b. Are the buildings constructed with non-combustible materials?
- c. Are the buildings constructed with non-combustible/non-masonry materials?
- d. Are the buildings constructed with masonry materials?
- e. Are the buildings constructed with brick veneer materials?
- f. Are the buildings constructed with frame or other materials?
- g. What is the roof constructed of?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

4.4 Building details

Please indicated the applicable heating system:

PLEASE COMPLETE

- a. Electric?
- b. Hot air (oil) system?
- c. Hot air (gas) system?
- d. Hot water steam system?
- e. Hot air (gas) system?
- f. Solid fuel burning?
- g. Other heating system? If **Yes**, please describe.
- h. Is there a secondary source of heat? If **Yes**, please describe.

Yes

Yes

Yes

Yes

Yes

Yes



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4.4 Building details
(continued)

Year the building was built? _____
 If the building was built prior to 1980, what year was the following upgraded:

- i. Plumbing _____
- ii. Heating _____
- iii. Roof _____
- iv. 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:

- | | |
|---|---|
| <input type="checkbox"/> Standard physical protection
<input type="checkbox"/> Local alarm & standard physical protection
<input type="checkbox"/> Monitored alarm & standard physical protection
<input type="checkbox"/> Security guards | <input type="checkbox"/> Superior physical protection
<input type="checkbox"/> Local alarm & superior physical protection
<input type="checkbox"/> Monitored alarm & superior physical protection |
|---|---|

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
PLEASE COMPLETE

- | | | |
|---|------------------------------|-----------------------------|
| a. Is the building fully sprinklered? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Is the building within 155 metres of two public fire hydrants? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Is the building within 5km of a fire hall? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

4.7 Location details

PLEASE COMPLETE

- Please check next to the type of location that applies to you:
- | | |
|--|------------------------------|
| a. Urban – primarily residential | Yes <input type="checkbox"/> |
| b. Urban – primarily commercial | Yes <input type="checkbox"/> |
| c. Urban – primarily industrial | Yes <input type="checkbox"/> |
| d. Non-Urban – primarily business area | Yes <input type="checkbox"/> |
| e. Non-Urban – remainder | Yes <input type="checkbox"/> |
| f. Rural or isolated | Yes <input type="checkbox"/> |

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



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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, please 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, please provided details:

Date	Details	Amount	Remedial Action
dd-mmm-yyyy			



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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** may have the right to apply for a copy of this 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

A copy of this application should be kept for your records

Date – dd/mmm/yyyy

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:

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