

CHAMBERS OLSON LTD.
Commercial Application

PAGE 1: Customer Information

Date:

Quote Need by (date):

Insured:	Phone Number:
Mailing Address:	Contact Name:
Website:	Email:

Type of Business: Individual Wholesaler Retailer
 Partnership Corporation Other (describe)
 Manufacturer Contractor

DETAILED DESCRIPTION OF ALL BUSINESS/OPERATIONS:

Number of years in Business: Experience in Related Business:

Insurance History:

Previous Insurance Company & Policy Number
Have you ever been declined/cancelled/refused Insurance?
If yes, why?

LIST ALL LOSSES AND CLAIMS IN THE LAST 5 YEARS:

<u>Date</u>	<u>Amount Paid</u>	<u>Details</u>
1.	\$	
2.	\$	
3.	\$	
What preventative Measures have been taken after losses:		

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PAGE 2: PROPERTY DETAILS (Use separate page for each location)
Skip for Liability Only

Location #: **Risk Address:**

Loss Payee (Name & Address):

Risk Type: Building Owner Tenant Other:

Building Type: Attached; Detached; Strip Plaza; Mall

Dwelling Age: **Number of Stories:** **Basement:** Yes; No

Square Footage of Building: **Square Footage Occupied By Insured:**

Other Occupants Business Types:

Conditional of Dwelling: <input type="checkbox"/> Good <input type="checkbox"/> Fair	
Construction: <input type="checkbox"/> Frame; <input type="checkbox"/> Concrete (Poured/Tilt-Up); <input type="checkbox"/> HCB; <input type="checkbox"/> Steel; <input type="checkbox"/> Other ()	
Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No Qty.
External Fire Protection: <input type="checkbox"/> hydrant within 1000 ft. <input type="checkbox"/> fire hall within 8 km <input type="checkbox"/> unprotected	
Burglary <input type="checkbox"/> Local alarm <input type="checkbox"/> Central Monitored Alarm; Alarm Company is	
Other Protection: <input type="checkbox"/> Bars on Rear Window <input type="checkbox"/> Dead Locks on Back Door <input type="checkbox"/> Other	
Heating Type: Electrical Type: (amps)	Roof Type: Plumbing Type:
Updates: Heating Year: Electrical Year: Roof Year: Plumbing Year:	
Inspections Done on Building: By Whom and When:	

Adjacent Exposures	Front	Rear	Left	Right
(** When facing the Risk**)				

Other Information:

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PAGE 3 - Other Information

NO. OF EMPLOYEES: Office/Clerical: Outside Salespersons: Service/Repair: Off Premises:

TOTAL ANNUAL GROSS RECEIPTS: \$ **TOTAL ANNUAL PAYROLL: \$**

U.S. EXPOSURE? Yes No **TOTAL ANNUAL GROSS RECEIPTS FOR US? \$**

FOREIGN EXPOSURE? Yes No **TOTAL ANNUAL GROSS RECEIPTS: \$**

SUBCONTRACTED WORK? : Yes No **Type:** **Amount Subcontracted: \$**

Are sub-contractors checked for their own Liability Policy in force? Yes No Sometimes

SAFE ON PREMISES? Type:/Serial # Fire Resistant? Locked all times?

PROCESS HAZARDS: Welding Soldering Spray Painting (in open? in approved booth?)
 Flammable Liquids Fiber glassing Woodworking Explosives Gases

ADDITIONAL INFORMATION ON SPECIAL HAZARDS, PROCESSES, AND SAFEGUARDS:

EQUIPMENT BREAKDOWN: Computers Refrigeration Units Telephone Ceased Transformers
 Boilers Electric Motors Pressure Vessels Other
 Electrical Switchgear Air Compressors Air Conditioners

Other Information:

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PAGE 4 – Policy Limits

Location Number	Limit Required	All Risk	Replacement Cost	Actual Cash Value
Commercial General Liability: Products & Completed Operations <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial General Liability- Premises Liability Only <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenants Legal Liability - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Non-Owned Auto	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment (Machinery Etc.)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Contents/Office Equipment	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Contents	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDP Equipment ON Premises	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptops/EDP to Schedule OFF Premise	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tool Floater Off Premises:	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Peril Extension Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounts Receivable - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valuable Papers - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenants Improvements (Leasehold Improvements) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Rental Income - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Transit? - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Glass - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation Floater Stock/Prop Job Sites? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in Progress? - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock...Peak Periods? - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Period Months:	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs Not Attached - Inside:	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs Attached to Building - Outside:	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Interruption <input checked="" type="checkbox"/> Profits <input type="checkbox"/> Gross Earnings <input type="checkbox"/> NoCo <input type="checkbox"/> 50co <input type="checkbox"/> 80co	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra Expense - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditors Fees - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler & Machinery - <input type="checkbox"/> Yes <input type="checkbox"/> No (Equipment Breakdown)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequential Loss - <input type="checkbox"/> Yes <input type="checkbox"/> No Food Spoilage etc.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime Coverage (Money/Securities)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comp DDD Bond - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewer Back-up - <input type="checkbox"/> Yes <input type="checkbox"/> No				
Earthquake - <input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Flood - <input type="checkbox"/> Yes <input type="checkbox"/> No				

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PAGE 5 - Additional Information

ADDITIONAL INFORMATION REQUIRED OR ADDITIONAL NOTES FOR BROKER/UNDERWRITER:
