MISCELLANEOUS PROPERTY APPLICATION

DIRECT CLIENT SUBMISSION
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	ance policy. Insurance shall become effective only upon the iss n the information provided and the Applicant warrants warrant	
Name of Insured:		
Mailing Address:		
City, Province:	Postal Code: _	
Telephone:	Fax:	
Additional Insured(s):		
Loss Payable, if any:		
Effective Date:	(12:01 AM) Expiry Date:	(12:01 AM)
Miscellaneous items to be insured (include serial properties of the se	al number, security etching, or make if possible): Qty:	Total Value:
Are the items: Owned Re	ented (Rental Contract must be attached to ap	plication)
If setting up tent(s)/ marquee(s)/ temporal	ary structure(s), will they be professionally inst	alled? Yes No
If property is to be used at an event, please	se provide event type:	
Risk Address:		
City, Province:	Postal Code: _	
Storage of property while not in use:		
Address:		
City, Province:	Postal Code: _	

	Risk Location	Storage Location	
Sprinklers:	Yes No	Yes No	
Security personnel on site:	Yes No	☐ Yes ☐ No	
Video camera surveillance:	Yes No	Yes No	
Premises alarmed:	Yes No	Yes No	
Number of portable extinguishers:			
Distance to fire hydrant:			
Distance to fire hall:			
Additional security measures:			
Is or will the property to be insured be exposed to any special hazards?			
If Yes, please describe:			
Have we insured this risk previously: Yes No			
If Yes, please provide policy number:			
Has any insurance company declined or cancelled coverage:			
Loss history:			
General comments:			
Applicant Name:			
Address:			
City, Province:	Postal Code: _		
Telephone:	Fax:		
Email:			
Signature:			

 $^{^{}st}$ By signing this application, you are stating that you and your brokerage are compliant with the PIPEDA.