



|                                   | Risk Location                                            | Storage Location                                         |
|-----------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Sprinklers:                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Security personnel on site:       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Video camera surveillance:        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Premises alarmed:                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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?  Yes  No

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:  Yes  No

Loss history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

\* By signing this application, you are stating that you and your brokerage are compliant with the PIPEDA.

Miscellaneous Property Application ~ Direct Client Submission

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.