

Mennonite Mutual Fire Insurance Company

COMMERCIAL RISK SUMMARY SHEET PROPERTY AND LIABILITY

Application
 Quote

BROKER _____ DATE _____

Policy Period ____ / ____ / ____ to ____ / ____ / ____
Day Month Year Day Month Year

Name of Insured: _____

Name(s) of Principals _____

Home Phone # _____ Work Phone # _____

Fax # _____ Email Address _____

Location of Risk: Mailing Address _____

Legal Location _____

Occupied by Insured as (Business) _____

Occupied by Others as (Business) _____

Loss Record (Past 5 years) _____

Loss Payable To _____

Number of years in Business _____

Has any Company ever declined or cancelled: Yes No

Previous Insurer: _____

| ITEMS | COVERAGE | DEDUCTIBLE | AMOUNT OF INSURANCE | PREMIUM |
|-----------------------|----------|------------|---------------------|---------|
| Buildings | | | | |
| Fixtures & Equipment | | | | |
| Stock | | | | |
| Crime | | | | |
| Business Interruption | | | | |
| Liability | | | | |
| Non-owned Auto | | | | |
| Tenant's Legal | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Consumer and previous insurer reports containing personal, credit, factual record, premium payment, claims history or investigative information may be sought or exchanged in connection with this application for insurance or a renewal, extension, variation or cancellation thereof. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. The answers above are correct to my best knowledge and belief.

Signature of Applicant _____

PROTECTION

Distance to nearest Hydrant _____ nearest Fire hall _____ Name of Hall _____
Extinguishers: _____ Type: 1. Halon 2. Dry Chemical 3. Other _____
Fire Brigade: Volunteer Fulltime Combined Standpipe & Hose Yes No
Watchman Yes No With Clock Yes No
Smoke or Heat Detectors: Yes No Fire Alarm System Yes No
Sprinkler System: Yes No
Alarm System: Yes No
(IF YES) Alarm Rings Locally: at Central Station at Police/Fire Station Other _____
Equipment is U.L.C. Approved Yes No U.L.C. Cert. # _____

DESCRIPTION OF RISK

Approximate Year Built _____ Size of Building _____
Wall Construction: Frame Brick Veneer Solid Brick/Stone Steel on Steel
 Poured Concrete Other _____
Number of Stories _____ With Basement Yes No
Roof Covering: Wood Shingles Asphalt Slate Metal Tile
Roof Support: Wood Joist Steel Joist Concrete on Steel
Floor Covering: Wood Concrete
Heating: Type Hot Water Steam Hot Air
Fuel Oil* Gas Electric Wood
Chimney: Brick Ground Bracket Class A Tile Lined Other
Wiring: Type Rigid Conduit BX Loomex Open
 Fuses Breakers: Yes No
Type of Exterior Glass _____
Number of Linear Feet _____
Exposures: North _____ South _____ East _____ West _____

***If Fuel Oil is used, complete Form X-590 Oil Heat Questionnaire for each tank.**

CHURCH SPECIAL HAZARDS

Approximate Annual Church Income _____ % from Collections
List Other Sources _____
Outline Collection Handling Procedures _____
Is Money Kept on Church Premises_Is Depository Used? _____ Where? _____
Who signs cheques? _____ Number of Signatures _____
Average number of days per year meals prepared_ Average number served at meal____
Number of Paid Employees:_ List Positions _____
Does the Church have a Parish Nurse or is the Church is affiliated with other Churches who collectively have a Parish Nurse? Yes No
If no paid employees outline operational structure _____

SPECIAL HAZARDS

Storage of Flammable Liquid: In Building Yes, # of Litres _____ No
On Premises Yes Distance from Building _____
Deep Fryer: CSA or ULC Approved: Yes No Six Month Maintenance Contract: Yes No
Welding: In Building: Yes No Off Premises: Yes No

ON PREMISES EXPOSURE

- 1. Type of Business _____
- 2. How many employees does applicant have? _____ full time _____ part-time _____ seasonal
- 3. Applicant's Interest? Owner Tenant Lessee Other Describe _____
- 4. Building is: single occupancy multi-occupancy (list).
- 5. Is building rented? Yes No

ON PREMISES EXPOSURE (CONTINUED)

6. If so, what is the total square foot area occupied by tenant_____
7. Are there facilities for consumption of food and/or drink? Yes No
Ann. receipts food? \$ _____ Ann. receipts alcoholic beverages? \$ _____
8. Are there any recreational or amusement areas? Yes No (please provide complete description of facilities)_

Does applicant own, rent or lease any other property or building or operation either by himself or as a partner in a joint concern? Yes No

Describe _____

9. What are the total annual receipts? _____

10. If applicants exposure is a **MANUFACTURING** exposure:

- (a) Describe type of product manufactured _____
- (b) Describe manufacturing process including any chemicals, additives etc. used_

(c) Describe waste handling methods:_

(d) Is any work sub-contracted? Yes No

(i) Are certificates of insurance requested and received? Yes No

(e) Is applicant involved in any off-premises work? Yes No

(f) Describe public use of insured premises. (i.e. tours)_

11. If applicant is a **CHURCH** exposure:

- (a) Any Professional Counselling provided? Yes No If yes, fees charged? Yes No
- (b) Any child care service provided? Yes No If yes, fees charged? Yes No
- (c) Is there a cemetery? Yes No if yes, number of acres_

OFF PREMISES EXPOSURE

12. If applicants exposure is a **CONTRACTING** exposure:

- (a) Applicant works as: (i) general contractor Yes No (ii) sub-contractor Yes No
(iii) independent Yes No

- (b) Check off type of work done by insured or sub-contractors:

| Ins. | Sub. | Ins. | Sub. | Insd. | Sub. | Insd. | Sub. |
|--------------------------|--------------------------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------------------------|--------------------------|-----------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> Form work | <input type="checkbox"/> | <input type="checkbox"/> Landclearing | <input type="checkbox"/> | <input type="checkbox"/> Road Construction | <input type="checkbox"/> | <input type="checkbox"/> House Moving |
| <input type="checkbox"/> | <input type="checkbox"/> Concrete work | <input type="checkbox"/> | <input type="checkbox"/> Blasting | <input type="checkbox"/> | <input type="checkbox"/> Painting | <input type="checkbox"/> | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> | <input type="checkbox"/> Carpentry | <input type="checkbox"/> | <input type="checkbox"/> Excavating | <input type="checkbox"/> | <input type="checkbox"/> Plastering | <input type="checkbox"/> | <input type="checkbox"/> Steam fitting |
| <input type="checkbox"/> | <input type="checkbox"/> Masonry | <input type="checkbox"/> | <input type="checkbox"/> Pile driving | <input type="checkbox"/> | <input type="checkbox"/> Wrecking | <input type="checkbox"/> | <input type="checkbox"/> Cofferdams |
| <input type="checkbox"/> | <input type="checkbox"/> Structural steel | <input type="checkbox"/> | <input type="checkbox"/> Shoring | <input type="checkbox"/> | <input type="checkbox"/> Underpinning | <input type="checkbox"/> | <input type="checkbox"/> Caisson |
| <input type="checkbox"/> | <input type="checkbox"/> Roofing | <input type="checkbox"/> | <input type="checkbox"/> Rigging | <input type="checkbox"/> | <input type="checkbox"/> Welding | <input type="checkbox"/> | <input type="checkbox"/> House Building |
| <input type="checkbox"/> | <input type="checkbox"/> Electrical wiring | <input type="checkbox"/> | <input type="checkbox"/> Grading | <input type="checkbox"/> | <input type="checkbox"/> Tunnelling | <input type="checkbox"/> | <input type="checkbox"/> Dredging |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> Other |

(c) Does applicant ask for and receive certificates of insurance from all sub-contractors? Yes No

(d) Has the applicant signed any hold harmless agreements? Yes No

(e) On the job site, how does the applicant deal with:

(i) storage of equipment and materials? _____

(ii) storage of flammables? _____

(iii) disposal of waste? _____

PRODUCT OR COMPLETED JOB EXPOSURE

1. If applicant does work for others

- (a) Describe work performed for others for which coverage is required_

PRODUCT OR COMPLETED JOB EXPOSURE (CONTINUED)

- (b) New work is _____ % and repair work (including service work) is _____ % of total operations.
- (c) Volume of work anticipated is \$ _____ annually.
- (d) Volume of work anticipated in U.S.A. is \$ _____ annually.
- (e) Volume of work completed in the past year \$ _____ , past 3 years \$ _____
- (f) Volume of work completed in U.S.A. in past year \$ _____ , past 3 years \$ _____
- (g) Describe any warranties or guarantees given by applicant_
- (h) Describe geographical area of operation_

2. If the applicant manufactures, sells or distributes a product

- (a) Describe the product(s) _____

- (b) What are the total annual sales figures by product(s)?_
- (c) What percentage of each product sales goes to U.S.?_% Other countries? _____ % Identify _____
- (d) Is the product custom made _____ or mass-produced _____ ? Describe.
- (e) If the product is a component part describe the products in which it will be used_
- (f) If the product distributed by applicant is manufactured by someone else, identify the manufacturer including their location._

- (g) Is the product sold
 - (i) under the applicants label? Yes No
 - (ii) under the suppliers label? Yes No
 - (iii) under the buyers label? Yes No
 - (iv) other? Yes NoDescribe.
- (h) Has the applicant discontinued any previously manufactured product? Yes No
Describe.
- (i) Does the applicant intend to produce any new products in the next 12 months? Yes No
Describe.
- (j) Does the applicant follow any Quality Control procedure? Yes No Describe.
- (k) Are adequate warning or other labels attached? Yes No
- (l) Do products carry labels that certify a certain standard of performance?
 - (i) U.L.C.? Yes No Describe _____
 - (ii) C.S.A.? Yes No Describe _____
 - (iii) Other? Yes No Describe _____
- (m) Do products carry any warranties? Yes No Describe _____
- (n) Is product edible? Yes No If so physical inspection of the manufacturing plant is strongly recommended.

3. Is applicant involved in any other production or work either by himself or as a partner in a joint concern? Yes No

Describe _____

REMARKS:
