Property & casualty

Application form

United States

P&C

PROPERTY AND CASUALTY INSURANCE

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the P&C policy. Completion of this application form 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 us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clauses 1, Section H provides cover on a claims made and reported basis. Under this Insuring Clause a claim must be first made against the Insured and notified to us during the period of the policy to be covered. This Insuring Clauses does not cover any claim arising out of any actual or alleged bodily injury or damage occurring before the retroactive date.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered. If you require any extra room to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return it directly to your insurance agent.

SECTION 1: COMPANY DETAILS

1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company:

Address:

ZIP code:

Website:

Contact name: E-mail:

1.2 Please state when your company was established: MM / DD / YY

1.3 Please state your income for the following years as set out in the box below: Currency:

Territory:	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic:			
Canada / Europe / Australia:			
Rest of the world:			
Total:			

1.4 Please state the number of employees:

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1.5 Please state the following:

a) Your total estimated payroll for the next financial year:

b) The percentage of your payroll that relates to work away from your premises: %

c) The percentage of manual work %

SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities.
If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total revenue by activity.
The total of all activities listed here should equal 100%.

	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

2.3 Do you own any premises in the US other than a sales office? ☐ Yes ☐ No

If 'yes', please provide details:

SECTION 3: CONTRACT INFORMATION

3.1 Please provide details of your three largest contracts:

Contract	Contract value	Territory

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3.2 Please state the following:

a) the maximum height you will be working at: m

b) the maximum depth you will be working to: m

c) whether you perform heat work away from your premises? ☐ Yes ☐ No

3.3 Do you employ bona-fide sub contractors (BFSC)? ☐ Yes ☐ No

If 'yes', please state:

a) What approximate percentage of your income, in your current financial year, will be paid to BFSC: %

b) Whether you sign reciprocal hold harmless agreements? ☐ Yes ☐ No

c) Whether you ensure that BFSC have their own commercial general liability insurance? ☐ Yes ☐ No

If yes, what is the minimum limit of liability that BFSC must purchase?

SECTION 4: PRODUCT INFORMATION

Please only complete this section if you have any products sales

4.1 Please state your annual income for your three largest products in the following territories:

Product description	Domestic	Canada / Europe Australia	Rest of the world

4.2 Do you import products from territories outside of Canada, Australia or Europe? ☐ Yes ☐ No

If 'yes', please state:

a) The territories from where you import these products and the precentage of sales income:

Territory	% sales income
	%
	%
	%

b) Whether you maintain full rights of recourse against suppliers: ☐ Yes ☐ No

c) Whether you ensure that your suppliers have their own products liability insurance? ☐ Yes ☐ No

If yes, what is the minimum limit of liability that your supplier must purchase?

4.3 Are any of your products incorporated into marine craft, aircraft, aerospace craft, nuclear devices, nuclear systems or automobiles? ☐ Yes ☐ No

If 'yes', please provide details:

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SECTION 5: PREMISES DETAILS

5.1 Please provide below details of your premises:

PREMISES 1

Address:

ZIP code:

Please state:

a) the purpose of the premises (e.g. office, warehouse, etc.):

b) when approximately the premises was

i) built: MM / DD / YY

ii) last renovated: MM / DD / YY

c) how the premises is constructed:

Brick veneer: ☐ EIFS: ☐ Fire resistive: ☐ Frame: ☐ Heavy timber: ☐

Joisted masonry: ☐ Masonry non-combustible: ☐ Non-combustible: ☐ Semi-fire resistive: ☐ Stucco: ☐

d) when approximately the roof of the premises was last renovated: MM / DD / YY

e) how the roof of the premises is constructed:

Concrete/: Clay tiles ☐ Membrane: ☐ Metal sheathing: ☐ Shingles: ☐ Wind resistive shingles: ☐

Wood shakes: ☐ Other (please explain):

f) the class rating issued by the Public Protection Classification (PPC™) program for the premises (1-10):

PREMISES 2

Address:

ZIP code:

Please state:

a) the purpose of the premises (e.g. office, warehouse, etc.):

b) when approximately the premises was

i) built: MM / DD / YY

ii) last maintained: MM / DD / YY

c) how the premises is constructed:

Brick veneer: ☐ EIFS: ☐ Fire resistive: ☐ Frame: ☐ Heavy timber: ☐

Joisted masonry: ☐ Masonry non-combustible: ☐ Non-combustible: ☐ Semi-fire resistive: ☐ Stucco: ☐

d) when approximately the roof of the premises was last maintained: MM / DD / YY

e) how the roof of the premises is constructed:

Concrete/: Clay tiles ☐ Membrane: ☐ Metal sheathing: ☐ Shingles: ☐ Wind resistive shingles: ☐

Wood shakes: ☐ Other (please explain):

f) the class rating issued by the Public Protection Classification (PPC™) program for the premises (1-10):

Please continue on a separate sheet if more than 2 premises are to be insured.

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5.2 Please state whether the premises:

a) is detached: ☐ Yes ☐ No

If no, please state what measures are in place to protect the premises from damage if there is a fire in a neighbouring property:

b) is self contained with a lockable entrance door: ☐ Yes ☐ No

If yes, please state the type of locking system:

Key operated multi-point locking system with at least 3 locking bolts: ☐ Rim automatic deadlock: ☐ Mortice deadlock: ☐

c) contain other external doors: ☐ Yes ☐ No

If yes, please state the type of locking system:

A key operated security bolt: ☐ A panic bar locking system: ☐

d) has lockable opening windows on all levels: ☐ Yes ☐ No

If yes, please state the type of locking system:

Secured by a key operated locking device: ☐ N/A (i.e. permanently sealed shut): ☐

e) is protected by fire and central station intruder alarm systems which are connected to all windows and doors and is subject to an annual maintenance contract: ☐ Yes ☐ No

f) is protected by interior and exterior cameras: ☐ Yes ☐ No

g) is overseen by 24 hour security guards: ☐ Yes ☐ No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not in full and effective operation whenever the premises are closed for business or otherwise left unattended.

h) is free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes: ☐ Yes ☐ No

i) is in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters: ☐ Yes ☐ No

j) is self contained with a lockable entrance door: ☐ Yes ☐ No

k) is heated by one of the following methods: conventional electric, gas, oil or solid fuel heating system: ☐ Yes ☐ No

l) is fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied: ☐ Yes ☐ No

m) has lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements: ☐ Yes ☐ No

n) is fitted with sprinklers throughout: ☐ Yes ☐ No

o) has a back up system for the electrical supply: ☐ Yes ☐ No

NOTE: Assuming you have answered 'yes' to questions l) and m) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then please give further details:

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5.3 Do any of the listed premises contain composite or sandwich panels? ☐ Yes ☐ No

If yes, please provide details:

5.4 Do any of the listed premises contain aluminium wiring? ☐ Yes ☐ No

If yes, please provide details:

5.5 Do you maintain written and electronic records of all stock? ☐ Yes ☐ No

If no, please explain why:

5.6 Would you like a quotation for the "Named windstorms" extension? ☐ Yes ☐ No

SECTION 6: INSURANCE REQUIREMENTS AND CLAIMS HISTORY

6.1 Please detail the amounts to be insured below for each premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	PREMISES 1	PREMISES 2
Building coverage:		
Loss of income:		
Indemnity period:	months	months
Loss of rent:		
Indemnity period:	months	months
Inventory / stock:		
Cultivation equipment:		
Business personal property:		
Tenants improvements:		

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6.2 Please provide details of your current commercial general liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY				
Required:	MM / YY			N/A	N/A

6.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

a) have you ever had a legal action brought against you for causing property damage or bodily injury to a third party? ☐ Yes ☐ No

b) are you aware of any circumstances which may give rise to a legal action being brought against you for causing property damage or bodily injury to a third party? ☐ Yes ☐ No

c) have you ever incurred any loss as a result of damage occurring to any of the premises to be insured or have any of the premises to be insured incurred any damage? ☐ Yes ☐ No

If the answer to any of the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

SECTION 7: DECLARATION

- I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____ Full name: _____

Position held: _____ Date: MM / DD / YY

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ADDITIONAL INFORMATION:

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ALABAMA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

ARKANSAS FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEVADA FRAUD WARNING: Any person who includes any materially false or materially misleading information on an application for an insurance policy may be guilty of a crime and subject to penalties that include imprisonment, fines and denial of insurance benefits.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

PENNSYLVANIA FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than $5,000 and not more than $10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years.

RHODE ISLAND FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WASHINGTON FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.