



163 – 18799 Airport Way, Suite 201  
Pitt Meadows, BC V3Y 2B4

## BUSINESS INSURANCE APPLICATION

New Business  Policy Renewal  Mid-Term Change

[www.air1insurance.com](http://www.air1insurance.com)

Telephone: 1-888.917.1177 Fax: 1-866.372.2755

CURRENT INSURER:

CURRENT EXPIRY:

### APPLICANTS INFORMATION

NAMED INSURED: (Registered Owner) _____		HOME PHONE: _____	
COMPANY NAME: _____		WORK PHONE: _____	
CONTACT PERSON: _____		CELL PHONE: _____	
ADDRESS: _____		FAX NUMBER: _____	
CITY/PROVINCE: _____	POSTAL CODE: _____	EMAIL: _____	
HOW DID YOU HEAR ABOUT AIR1?		OCCUPATION:	
Would you like to receive information about any of these insurance products?			
		<input type="checkbox"/> Home	<input type="checkbox"/> Aviation
		<input type="checkbox"/> Hanger	<input type="checkbox"/> Marine
DO YOU OWN ANY OTHER BUSINESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		EXPIRY DATES:	

### REQUIRED INFORMATION

APPLICANTS OCCUPANCY & OPERATIONS:	
OTHER OCCUPANCIES:	YEARS IN BUSINESS:
LOSS PAYEE/S:	
ANY WORK SUBCONTRACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO THE SUBCONTRACTERS HAVE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT TYPE OF WORK? (PLEASE PROVIDE DETAILS BELOW):	
HAS APPLICANT BEEN CANCELLED OR DECLINED OR REFUSED RENEWAL IN LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, DESCRIBE:	

### LOSS HISTORY: GIVE A BRIEF DESCRIPTION OF ANY ACCIDENTS, CLAIMS OR LOSSES THAT YOU OR YOUR BUSINESS HAS HAD IN THE LAST 5 YEARS...


### PAYROLL

TOTAL NUMBER OF EMPLOYEES:	PART TIME:	FULL TIME:	TOTAL PAYROLL OF EMPLOYEES:
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### GROSS RECEIPTS

TOTAL GROSS SALES ANNUALLY PER OPERATION?	A)	B)		
	C)	D)		
AREA OF PRODUCTS DISTRIBUTION OR OPERATIONS:	CANADA	%	OTHER	%
	USA	%	(SPECIFY):	
OTHER THAN PROVIDED ABOVE, ARE THERE ANY SALES OR OPERATIONS OUTSIDE OF BC OR ALBERTA? %				
COST AND DESCRIPTION OF ANY SUBLET OPERATIONS:				
OTHER HAZARDS:				

DOES THE APPLICANT ENGAGE IN ANY OF THE FOLLOWING OPERATIONS? (If yes, describe on separate attachment)					
DEMOLITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TUNNELING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DRILLING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AIRPORT PREMISES OR WORK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WELDING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	APT/CONDO/TOWNHOUSE/SCHOOL WORK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PILE DRIVING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SHIPS OR DOCKS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BLASTING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	RAILROADS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SPRAYING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PROPANE OR LPG WORK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ROOFING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	USE OF UNLICENSED/SPECIALTY /LICENSED VEHICLES/EQUIPMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**DESCRIPTION OF OPERATIONS/SERVICES PROVIDED:**


**LOCATION #1 INFORMATION:**

BUILDING VALUE:	DO YOU OWN OR LEASE THE BUILDING?	<input type="checkbox"/> OWN	<input type="checkbox"/> LEASE
LOCATION ADDRESS:			
IS THE LOCATION OF YOUR OPERATION:	<input type="checkbox"/> MOBILE	<input type="checkbox"/> HOME BUSINESS	<input type="checkbox"/> BUSINESS LOCATION
WALLS:	<input type="checkbox"/> FRAME	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> METAL <input type="checkbox"/> OTHER:
ROOF CONSTRUCTION:	<input type="checkbox"/> SHAKE	<input type="checkbox"/> SHINGLE	<input type="checkbox"/> ASPHALT <input type="checkbox"/> TAR & GRAVEL <input type="checkbox"/> METAL <input type="checkbox"/> OTHER:
SPRINKLERED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANTS AREA:	<input type="checkbox"/> SQ FT <input type="checkbox"/> METERS
AGE OF BUILDING:			
DISTANCE TO FIRE HYDRANT WITHIN 300M?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISTANCE TO FIREHALL WITHIN 8KM?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**DESCRIPTION OF PREMESIS:**


**HAVE THE FOLLOWING SERVICES BEEN UPDATED? (If yes, state the year)**

HEATING:	<input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR:	PLUMBING:	<input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR:
ROOF:	<input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR:	ELECTRICAL:	<input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR:
HEATING TYPE:	<input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> WOOD	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> OIL	<input type="checkbox"/> OTHER (EXPLAIN):
HOT WATER TANK REPLACED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR:			

**CRIME PROTECTION:**

ALARM:	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES:	<input type="checkbox"/> LOCAL <input type="checkbox"/> MONITORED	NAME OF SYSTEM:
MONITORING ALARM COMPANY:				CLASS AND TYPE OF SAFE:
BARS ON ALL GLASS WINDOWS/DOORS:			<input type="checkbox"/> YES <input type="checkbox"/> NO	DEAD BOLTS:
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

**CONTENTS COVERAGE:**

EQUIPMENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO	VALUE: \$	DETAILS:

TENANTS IMPROVEMENTS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	VALUE: \$	DETAILS:

CONTENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:
<input type="checkbox"/> REPLACEMENT COST	
<input type="checkbox"/> ACTUAL CASH VALUE	
<input type="checkbox"/> PROPERTY OF EVERY DESCRIPTION	

OFFICE CONTENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

BAILEES CUSTOMERS GOODS: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

CONTRACTORS EQUIPMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

EXHIBITION FLOATER: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

GLASS POLICY <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

MOBILE TOOL FLOATER: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

<b>EXPOSURES SURROUNDING YOUR BUSINESS:</b>		
TO THE LEFT:	RIGHT:	REAR:

<b>LOCATION #2 INFORMATION:</b>		
BUILDING VALUE:	DO YOU OWN OR LEASE THE BUILDING? <input type="checkbox"/> OWN <input type="checkbox"/> LEASE	
LOCATION ADDRESS:		
IS THE LOCATION OF YOUR OPERATION:	<input type="checkbox"/> MOBILE	<input type="checkbox"/> HOME BUSINESS <input type="checkbox"/> BUSINESS LOCATION
WALLS:	<input type="checkbox"/> FRAME <input type="checkbox"/> CONCRETE <input type="checkbox"/> METAL	<input type="checkbox"/> OTHER:
ROOF CONSTRUCTION:	<input type="checkbox"/> SHAKE <input type="checkbox"/> SHINGLE <input type="checkbox"/> ASPHALT <input type="checkbox"/> TAR & GRAVEL	<input type="checkbox"/> METAL <input type="checkbox"/> OTHER:
SPRINKLERED: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANTS AREA: <input type="checkbox"/> SQ FT <input type="checkbox"/> METERS	AGE OF BUILDING:
DISTANCE TO FIRE HYDRANT WITHIN 300M? <input type="checkbox"/> YES <input type="checkbox"/> NO	DISTANCE TO FIREHALL WITHIN 8KM? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>DESCRIPTION OF PREMESIS:</b>



MOBILE TOOL FLOATER: <input type="checkbox"/> YES <input type="checkbox"/> NO    VALUE: \$	DETAILS:

**EXPOSURES SURROUNDING YOUR BUSINESS:**

TO THE LEFT:	RIGHT:	REAR:
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**LOCATION #3 INFORMATION:**

BUILDING VALUE:	DO YOU OWN OR LEASE THE BUILDING? <input type="checkbox"/> OWN <input type="checkbox"/> LEASE
LOCATION ADDRESS:	
IS THE LOCATION OF YOUR OPERATION:	<input type="checkbox"/> MOBILE <input type="checkbox"/> HOME BUSINESS <input type="checkbox"/> BUSINESS LOCATION
WALLS:	<input type="checkbox"/> FRAME <input type="checkbox"/> CONCRETE <input type="checkbox"/> METAL <input type="checkbox"/> OTHER:
ROOF CONSTRUCTION:	<input type="checkbox"/> SHAKE <input type="checkbox"/> SHINGLE <input type="checkbox"/> ASPHALT <input type="checkbox"/> TAR & GRAVEL <input type="checkbox"/> METAL <input type="checkbox"/> OTHER:
SPRINKLERED: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANTS AREA: <input type="checkbox"/> SQ FT <input type="checkbox"/> METERS    AGE OF BUILDING:
DISTANCE TO FIRE HYDRANT WITHIN 300M? <input type="checkbox"/> YES <input type="checkbox"/> NO	DISTANCE TO FIREHALL WITHIN 8KM? <input type="checkbox"/> YES <input type="checkbox"/> NO

**DESCRIPTION OF PREMESIS:**


**HAVE THE FOLLOWING SERVICES BEEN UPDATED? (If yes, state the year)**

HEATING: <input type="checkbox"/> YES <input type="checkbox"/> NO      YEAR:	PLUMBING: <input type="checkbox"/> YES <input type="checkbox"/> NO      YEAR:
ROOF: <input type="checkbox"/> YES <input type="checkbox"/> NO      YEAR:	ELECTRICAL: <input type="checkbox"/> YES <input type="checkbox"/> NO      YEAR:
HEATING TYPE: <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> WOOD <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> OIL <input type="checkbox"/> OTHER (EXPLAIN):	
HOT WATER TANK REPLACED: <input type="checkbox"/> YES <input type="checkbox"/> NO      YEAR:	

**CRIME PROTECTION:**

ALARM: <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES: <input type="checkbox"/> LOCAL <input type="checkbox"/> MONITORED	NAME OF SYSTEM:
MONITORING ALARM COMPANY:	CLASS AND TYPE OF SAFE:
BARS ON ALL GLASS WINDOWS/DOORS: <input type="checkbox"/> YES <input type="checkbox"/> NO	DEAD BOLTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

**CONTENTS COVERAGE:**

EQUIPMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO    VALUE: \$	DETAILS:

TENANTS IMPROVEMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO    VALUE: \$	DETAILS:

CONTENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO    VALUE: \$	DETAILS:
<input type="checkbox"/> REPLACEMENT COST	
<input type="checkbox"/> ACTUAL CASH VALUE	
<input type="checkbox"/> PROPERTY OF EVERY DESCRIPTION	

OFFICE CONTENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

BAILEES CUSTOMERS GOODS: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

CONTRACTORS EQUIPMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

EXHIBITION FLOATER: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

GLASS POLICY <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

MOBILE TOOL FLOATER: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	DETAILS:

<b>EXPOSURES SURROUNDING YOUR BUSINESS:</b>		
TO THE LEFT:	RIGHT:	REAR:

<b>EXTRA COVERAGE:</b>
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1) BOILER AND MACHINERY: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	1) DETAILS:

2) BOILER AND MACHINERY: <input type="checkbox"/> YES <input type="checkbox"/> NO VALUE: \$	2) DETAILS:

BUSINESS INTERRUPTION: <input type="checkbox"/> YES <input type="checkbox"/> NO	EARNING WITH NO CO-INSURANCE: \$
	EXTRA EXPENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	EARNING FORM: <input type="checkbox"/> YES <input type="checkbox"/> NO
	PROFITS FORM: <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>EXTENSIONS OF COVERAGE:</b>		
EARTHQUAKE <input type="checkbox"/> YES <input type="checkbox"/> NO	FLOOD <input type="checkbox"/> YES <input type="checkbox"/> NO	SEWER BACK UP <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>LIMITS FOR LIABILITY REQUIRED:</b>					
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COMMERCIAL GENERAL LIABILITY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	QUOTE REQUESTED:	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,000,000	<input type="checkbox"/> 5,000,000
TENANTS LEGAL LIABILITY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	QUOTE REQUESTED:	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 750,000
OWNERS LANDLORDS AND TENANTS LIABILITY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	QUOTE REQUESTED:	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,000,000	<input type="checkbox"/> 5,000,000

CONTINUED...

