



107 - 8047 199 Street Langley BC V2Y 0E2

BUSINESS INSURANCE APPLICATION

New Business Policy Renewal Mid-Term Change

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:

EXPOSURES SURROUNDING YOUR BUSINESS:		
TO THE LEFT:	RIGHT:	REAR:

LOCATION #2 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: \$ <input type="checkbox"/> REPLACEMENT COST <input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> PROPERTY OF EVERY DESCRIPTION	DETAILS:

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:

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:

EXPOSURES SURROUNDING YOUR BUSINESS:		
TO THE LEFT:	RIGHT:	REAR:

EXTRA COVERAGE:

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

EXTENSIONS OF COVERAGE:		
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

LIMITS FOR LIABILITY REQUIRED:

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...

CHECK THE APPROPRIATE BOXES FOR THE COVERAGE YOU REQUIRE: <input type="checkbox"/> MOTEL/HOTEL/RESORT <input type="checkbox"/> RESTAURANT <input type="checkbox"/> AUTOMOTIVE		
<input type="checkbox"/> BOILER MACHINERY & EQUIPMENT BREAKDOWN	<input type="checkbox"/> MACHINE SHOP/MANUFACTURING/WELDING	<input type="checkbox"/> WOODWORKER/CABINET MANUFACTURER/CARPENTER
<input type="checkbox"/> OTHER (PLEASE SPECIFY):		
IF YOU HAVE CHECKED ANY OF THE ABOVE BOXES YOU WILL NEED TO FILL OUT A CORRESPONDING SUPPLEMENT FORM		

TERMS & CONDITIONS	
<p>WHERE (A) AN APPLICANT FOR THIS CONTRACT GIVES FALSE PARTICULARS TO THE PREJUDICE OF THE INSURER OR MISREPRESENTS OR FAILS TO DISCLOSE ANY FACT IN ANY PART OF THIS APPLICATION REQUIRED TO BE STATED THEREIN OR (B) THE INSURED CONTRAVENES A TERM OF THE CONTRACT OR COMMITS FRAUD; OR (C) THE INSURED MAKES A FALSE STATEMENT IN RESPECT OF A CLAIM, A CLAIM WILL BECOME INVALID AND THE INSURED'S RIGHT TO RECOVERY IS FORFEITED. THE APPLICANTS HAVE REVIEWED ALL PARTS AND ATTACHMENTS OF THIS APPLICATION AND ACKNOWLEDGE THAT ALL INFORMATION IS TRUE AND CORRECT AND UNDERSTAND THAT THIS APPLICATION FOR INSURANCE IS BASED ON THE TRUTH AND COMPLETENESS OF THIS INFORMATION.</p> <p>THE APPLICANTS CONSENT TO THE COLLECTION, USE AND DISCLOSURE BY THE INSURER OF PERSONAL, CREDIT, FACTUAL RECORD, PREMIUM PAYMENT OR CLAIMS HISTORY INFORMATION IN CONNECTION WITH THIS APPLICATION FOR INSURANCE OR RENEWAL, EXTENSION, VARIATION OF CANCELLATION THEREOF FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD.</p>	
BROKER: Air1 Insurance Services Ltd.	TELEPHONE: 1-888.917.1177
APPLICANT'S SIGNATURE:	DATE SIGNED:

AIR1 INSURANCE SERVICES LTD.
TOLL FREE: 1-877-917-1177 / Within Vancouver, BC Area: 604-460-8787