



107 - 8047 199 Street Langley BC V2Y 0E2

BUSINESS - EXTRA LOCATION 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:

LOCATION 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			

CONTINUED...

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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TERMS & CONDITIONS

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.

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.

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