



Grain Insurance and Guarantee Company

January 2007

APPLICATION FOR SMALL BUSINESS PACKAGE

Office Retail Hairstylist Optician Funeral Director Other

1. Name of Broker: _____ Address: _____
 2. Phone Number: _____ Fax Number: _____
 3. Name of Insured: _____
 Contact Person: _____ Title: _____ Phone Number: _____
 4. Mailing Address: _____
 5. Location of Risk: _____
 6. Occupancy: _____
-
8. Other Occupancy(ies): _____
 9. Website: _____
 10. Loss Payee / Mortgagee _____
-
11. Policy Term: From: _____ To: _____
 12. Expiry date of prior coverage if different from effective date listed above: _____

13. COVERAGES:

PROPERTY

Broad Form Coverage, Replacement Cost , 90% Coinsurance

Deductible _____

Building	\$ _____	90% Coinsurance
Equipment	\$ _____	90% Coinsurance
Stock	\$ _____	90% Coinsurance
Small Business Package Extensions – see attached	Included	
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

BURGLARY AND ROBBERY

Comprehensive Dishonesty, Disappearance & Destruction Rider

- I Commercial Blanket Bond, Form A \$ 2,500 or \$ _____
- II Loss Inside (10% overnight limitation when not kept in safe) \$ 2,500 or \$ _____
- III Loss Outside \$ 2,500 or \$ _____
- IV Money Orders and Counterfeit Paper Currency \$ 2,500 or \$ _____
- V Depositors Forgery \$ 2,500 or \$ _____

Is there an ATM at any of the Insured's premises Yes No

If yes, Details: _____

LIABILITY (Supplementary questionnaires may be required for certain types of risks)

Commercial General Liability	Limit:	
General Aggregate Limit	\$ 5,000,000	
Occurrence Limit	\$ 1,000,000	or <input type="checkbox"/> _____
Personal & Advertising Injury Limit	\$ 1,000,000	or <input type="checkbox"/> _____
Products & Completed Operations Aggregate	\$ 1,000,000	or <input type="checkbox"/> _____
Tenants Legal Liability	\$ 100,000	or <input type="checkbox"/> _____ Deductible \$ _____
Medical Payments	\$ 10,000	
Property Damage Deductible	\$ _____	per occurrence

Non Owned Automobile \$ 1,000,000 or _____
 Other: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

PAYROLL (Indicate number of Employees) \$ _____ Employees:
 RECEIPTS by operation: \$ _____
 \$ _____
 \$ _____ U.S. / Foreign
 \$ _____ Liquor
 \$ _____ Tobacco

Please provide complete details of all operations. If more space is required, please attach additional details:

If there are any liquor sales attach information regarding staff training in an intervention and awareness program including procedures of how intoxicated patrons are handled:

Additional Insureds: (list name, mailing address and interest): _____

EQUIPMENT BREAKDOWN COVERAGE Broad Form Comprehensive Form

Air Conditioning: Yes No Details: _____
 Limit per accident: \$ _____
 Perishable Stock Limit: \$ _____

14. UNDERWRITING INFORMATION – attach photo of risk

Building Construction Height: _____ Story(ies) Basement: Yes No
 Wall Construction: _____
 Roof Construction: _____

Age of Building: _____ Square footage: _____ by insured _____ by others
 Exposing Property: North: _____ South: _____ East: _____ West: _____

Area (check all that apply) industrial commercial residential agricultural urban suburban rural

Upgrades (if older than 30 years)
 Roof: Yes No Details: _____ Date: _____
 Plumbing: Yes No Details: _____ Date: _____
 Heating: Yes No Details: _____ Date: _____
 Electrical: Yes No Details: _____ Date: _____

Sprinklered: Yes No Percentage _____ Last Inspected _____
 Heating: natural gas lp gas oil electric Other: _____
 forced air hot water radiant steam Other _____
 Electricity: fuses non interchangeable breakers Wiring: _____

Hydrant Protected: Yes No within _____ feet / meters of premises
 Fire Department: within _____ miles / kilometers

Does this business depend on any key equipment which may be difficult to replace? Yes No

If yes, please explain: _____

RETAIL RISKS:

Is there any food prepared or cooking done? Yes No
 If yes, provide details: _____

Is there a deep fat fryer or grill? Yes No

Describe automatic extinguishing system: _____

Any Tobacco or Liquor Products sold? Yes No Maximum Amount: \$ _____

If yes, provide details of storage and cages: _____

Is there a floor maintenance program in place? Yes No (please attach copy)

Are daily sweep logs kept? Yes No

15. BURGLARY / THEFT PROTECTION – attach alarm certificate from monitoring company if applicable

Check all that apply:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Central Station Monitored | <input type="checkbox"/> Full Perimeter | <input type="checkbox"/> Roll Down Shutters | <input type="checkbox"/> Entry Barriers |
| <input type="checkbox"/> Local Alarm | <input type="checkbox"/> Motion Detectors | <input type="checkbox"/> Tape on all Windows | <input type="checkbox"/> Deadbolt Locks on doors |
| <input type="checkbox"/> Monitored (other) | <input type="checkbox"/> All Open Areas Covered | <input type="checkbox"/> Bars on Windows (front) | <input type="checkbox"/> Bars on Doors |
| <input type="checkbox"/> ULC listed | <input type="checkbox"/> Back Up (cellular) | <input type="checkbox"/> Bars on Windows (rear) | <input type="checkbox"/> Contacts on all Doors |
| <input type="checkbox"/> All Open Areas Covered | <input type="checkbox"/> Heat / Smoke Sensor | <input type="checkbox"/> Infra Red | <input type="checkbox"/> Security Guard(s) |
| <input type="checkbox"/> Other: | _____ | | |

Name of Monitoring Company: _____
 Name of Alarm System: _____

16. PREVIOUS INSURANCE AND LOSS HISTORY

Previous Insurer(s): _____
 Policy Number(s): _____
 Expiring Premium (if known): _____

Does GIG have any other related business for this applicant? Yes No
 If yes, provide name and policy number: _____

Has any Insurer cancelled or declined to renew a policy of insurance for this applicant? Yes No
 If yes, explain: _____

- No claims or incidents in the last 5 years of operation
 No claims or incidents – New Venture
 Unknown – no prior insurance
 Claims / incident history (5 years):

Date of Claim	Description	Amount Paid	Expenses	Deductible

Any uninsured losses in the past 5 years? Yes No
 If yes, explain: _____

17. BROKER RECOMMENDATION

- New Business to your broker office Currently insured through your broker office
 Insured has been in business _____ years; or
 This is a New Venture.
 If this is a new venture, describe the principals prior business experience: _____

If currently insured through your office, why is the account being re-marketed?

Is applicant known to selling broker? Yes No
 If yes, for how long? _____
 Has marketing broker seen this risk? Yes No
 If yes, what is the condition of this risk? excellent good average fair poor

Attach photo of risk

Any visible damage to risk? Yes No
 If yes, explain: _____
 Financial Situation of applicant unknown excellent good average fair poor
 Marketing brokers overall opinion of risk: excellent good average fair poor

Completed by: _____ Agency / Brokerage: _____ Date: _____

18. CONSENT in accordance with the Act Respecting the Protection of Personal Information

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.

- for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
- for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract. The total estimated policy premium is subject to adjustment.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO APPLICANT	DATE

SMALL BUSINESS PACKAGE EXTENSIONS

Accounts Receivable		\$	25,000	
Automatic Fire Suppression System Recharge Expense		\$	10,000	
Brands and Labels		\$	5,000	
Business Interruption – Actual Loss Sustained			Included	
Consequential Loss Assumption		\$	10,000	
Including Off Premises Power		\$	10,000	
Contingent Liability from Enforcement of Building By-Laws		\$	25,000	
Electronic Data Processing - Equipment		\$	5,000	
Electronic Data Processing – Media		\$	5,000	
Exterior Signs		\$	5,000	
Extra Expense		\$	25,000	
Fine Arts		\$	5,000	
Fire Department Service Charges		\$	10,000	
Glass		\$	Blanket	
Inflation Protection			Included	
Land and Water Pollution Clean Up		\$	5,000	
Master Key		\$	5,000	
Newly Acquired Location	Building	\$	500,000	
	Contents	\$	250,000	
Off Premises Power Interruption		\$	10,000	
Other Transit		\$	10,000	
Parcel Post		\$	1,000	
Peak Season Endorsement (stock)			Included	Maximum 25% of stock limit
Personal Property of Officers and Employees		\$	10,000	Maximum 500 per person
Professional Fees		\$	5,000	
Replacement Cost			Included	
Sales Representative		\$	2,500	
Temporary Locations		\$	10,000	
Valuable Papers and Records		\$	25,000	