



## COMMERCIAL INSURANCE DATA COLLECTION FORM

### APPLICANT'S INFORMATION

|                                                            |
|------------------------------------------------------------|
| <b>Name of Company:</b>                                    |
| <b>Year Business Established:</b>                          |
| <b>Mailing Address:</b>                                    |
| <b>Name(s) of Principal(s):</b>                            |
| <b>Tel # &amp; email address of each:</b>                  |
| <b>Name(s) of Principal(s):</b>                            |
| <b>Tel # &amp; email address of each:</b>                  |
| <b>Website Address:</b>                                    |
| <b>Location Address if different from Mailing Address:</b> |

### LIABILITY INFORMATION

|                                                                                                                                      |                  |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b>Full Description of ALL Business Operations:</b>                                                                                  |                  |
|                                                                                                                                      |                  |
|                                                                                                                                      |                  |
|                                                                                                                                      |                  |
| <b>Area of Operations?</b>                                                                                                           |                  |
| <b>Do you have any operations or do any work outside Canada?</b> <input type="checkbox"/> Yes or No <input type="checkbox"/>         |                  |
| <b>Number of Years Experience of the Principal:</b>                                                                                  | <b>Partners:</b> |
| <b>Total Number of Employees:</b>                                                                                                    | <b>F/T: P/T:</b> |
| <b>Are all employees covered by Workers' Compensation?</b> <input type="checkbox"/> Yes or No <input type="checkbox"/>               |                  |
| <b>Actual Sales a/o Revenues for the past 12 months \$</b>                                                                           |                  |
| <b>Estimated Annual Sales a/o Revenues for the next 12 months \$</b>                                                                 |                  |
| <b>Breakdown of Sales/Revenues if different Operations:</b>                                                                          |                  |
| <b>1. Type of Business/Sales Activity:</b>                                                                                           |                  |
| <b>Annual Gross Revenue \$</b>                                                                                                       |                  |
| <b>2. Type of Business/Sales Activity:</b>                                                                                           |                  |
| <b>Annual Gross Revenue \$</b>                                                                                                       |                  |
| <b>Are Sub-contractors utilized? Yes or No</b>                                                                                       |                  |
| <b>If YES, estimated cost of work given to independent contractors:</b>                                                              |                  |
| <b>Do you obtain Proof of Liability coverage for All Sub-Contractors</b> <input type="checkbox"/> Yes or No <input type="checkbox"/> |                  |

## BUILDING INFORMATION

|                                         |                          |                              |                          |                                   |                          |            |       |
|-----------------------------------------|--------------------------|------------------------------|--------------------------|-----------------------------------|--------------------------|------------|-------|
| Building Location Address:              |                          |                              |                          |                                   |                          |            |       |
| Year Built:                             |                          |                              |                          |                                   |                          |            |       |
| Building Construction: Fram             | <input type="checkbox"/> | Non-Combustible (HCB)        | <input type="checkbox"/> | Non-Combustible(Steel)            | <input type="checkbox"/> |            |       |
| Fire-Resistive                          | <input type="checkbox"/> | Steel Frame                  | <input type="checkbox"/> | Other                             | ___                      |            |       |
| Building Sq Ft                          | _____                    | Area % occupied by Applicant | _____                    | Owned or Rented                   | _____                    |            |       |
| Year of Upgrades: Roof                  | _____                    | Heating                      | _____                    | Plumbing                          | _____                    | Electrical | _____ |
| Number of Additional Interests, if any: |                          |                              |                          | _____ (Ex. Mortgagee, Loss Payee) |                          |            |       |

## INSURANCE HISTORY

|                                   |
|-----------------------------------|
| Name of Previous/Current Insurer: |
| Policy Expiry Date:               |

Has any Insurer cancelled, declined or refused you coverage? Yes or No If yes, please explain

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Describe any insured and uninsured losses having occurred in the past 5 years incl the date and value of each

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## Personal Information Client Consent

We collect personal information from you directly when you apply for an insurance quote. Some personal information is required by law to ascertain identity. With your consent, we may also collect information from credit reporting agencies. Your consent can be express or implied.

To obtain a quote, please complete and return this form to: [sfenton@wvins.ca](mailto:sfenton@wvins.ca)

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