



HUNTER KEILTY MUNTZ & BEATTY
International Insurance Brokers

INSURANCE/ RISK EXPOSURE SURVEY

- 1) **Name of Applicant:** _____
- 2) **Mailing Address:** _____

- 3) **Location of Risk:** _____

- 4) **Applicant is a:** _____ Corporation _____ Individual _____ Partnership
- 5) **Exact Description of Operations, including all subsidiary and affiliated companies operations:**

- 6) **Other Locations owned, leased or used by you, the insured including Vacant Land.**

- 7) **Total Revenues:** This Year _____ Next year _____
- 8) **Number of Years in Business:** _____
- 9) **Loss History for the past 5 years:** _____

- 10) **Current Insurer:** _____
- 11) **Current Broker** _____
- 12) **Expiry Date:** _____

13) Has insurance ever been cancelled?: ☐ Yes ☐ No If yes, please provide details.

PROPERTY

14) Address _____

15) Building Owned or Leased: _____ Date of Construction: _____

If building owned, please advise on the building value _____

If space is leased, please provide the insurable value of Improvements or betterment's _____

Please forward a copy of your lease agreement with Landlord for our review. We would to confirm that the coverage bound, or to be bound complies with the Insurance Clause in the agreement

16) Type of Building: _____ Height: _____

17) Walls (i.e. Brick) _____ Roof _____ Floor _____

Heat _____

18) Total Ground floor of Building _____ Area you occupy: _____

19) Please advise on the operations of the other occupants in your building: _____

20) Sprinklered: Yes ☐ No ☐ Type of Fire Alarm: _____

21) Km to Fire Station _____

22) Hydrant Protected: Yes ☐ No ☐ Distant to Hydrant _____

23) # Fire Extinguishing Equipment (describe including date last checked) _____

24) Has building been fully renovated: _____ Year Updated _____

Roof: _____ Wiring: _____ Breakers/fuses _____ Plumbing: _____

Heating: _____

25) Do the doors have dead bolt locks and are the windows fixed or equipped with locking devices? ☐ Yes ☐ No

26) Does premises have burglar alarm system on all points of entry? Yes ☐ No ☐

27) Installing Company: _____ Type Central Station ☐ Monitored ☐

Local ☐

28) ULC Cert. Number: _____ Expiry Date _____ Protection Level (1,2 or 3) _____

29) Mortgagees/ Loss Payees/ Lessors/ Additional Interests.

Name	Interest	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VALUES

Building- Current Replacement Value _____
Tenants/ Leasehold Improvements _____
Contents (Office Contents/ Equipment) at location _____
Furniture/Fixtures at your location _____
Equipment Owned by others that you are legally liable for at
Your location _____
Value of Employees Equipment Owned by others at your location _____
Inventory, including customers goods (if applicable) _____
Annual Value of Goods Shipped : Incoming: _____ Outgoing: _____
Office Contents/ Equipment that leave Office Location: _____
Equipment, owned by others that leaves your location _____
Computers (Hardware) at Office Location: _____
Software at Office Location: _____
Laptops that leave Office Location: _____
Business Interruption : *Complete attached worksheet* _____
Extra Expense: *Complete attached worksheet* _____
Number of Exhibitions and Trade Shows Attended Annually _____
Average Duration: _____ Days Value of Booth, Samples etc.: _____
Consequential Loss Coverage – Required? If so please advise _____
On the value of Perishable goods value _____
Glass (Building, Windows) _____
Professional Fees: _____

CRIME

Broad From Money & Securities: _____
Counterfeit Currency & Credit Card Forgery: _____
Employee Dishonesty/ Depositors Forgery: _____
Number of Class A Employees? _____ Are owners Excluded: _____

Safe Yes _____ No _____ If Yes, describe: _____

LIABILITY

30) **ANNUAL PAYROLL** **PAST 12 MONTHS** **FORTHCOMING 12 MONTHS**

Location # 1 _____

Location # 2 _____

31) **Do you hire sub-contractors?** _____ **Are they required to provide proof of insurance** _____ **Minimum limit required from subs?** _____

32) **Describe all Products Manufactured, sold handled or distributed:**
(Attach brochures if available) _____

33) **Does your company conduct permanent installations of product/ equipment for third parties?** _____

34) **Does your company sell, store, produce, handle or transport any pollutants (i.e. Contaminant or irritant including smoke, fumes, acids, chemicals or waste products)**
Yes _____ No _____.

35) **If yes, complete a pollutant liability application.**

36) **Does your company host events where alcohol will be served?** _____
Yes _____ No _____

If Yes, who is responsible for serving the alcohol? _____

If the sale of alcohol is not the responsibility of the insured, are certificates of insurance obtained from the subcontracted company? _____

37) **In respect to Insured's operations**

	Past 12 Months	Forthcoming 12 Months
Gross Receipts:		
Canada:	_____	_____
USA:	_____	_____
Other:	_____	_____
Sales:	_____	
Service:	_____	
Rental:	_____	
Other:	_____	
Payroll:	_____ # of Employees _____	

38) **Annual Advertising Budget \$** _____ **Type of Advertising:** _____

39) **Does the Company or its Executives Own, Operate, or Charter any Aircraft or Watercraft?**

40) Are Employees, including Owners and Partners Covered by Government Worker's Compensation Plans? Yes _____ No _____

41 Are any employees except from Workers Compensation? _____
if yes, how many _____

LIMITS REQUIRED

Primary General Liability Limit	\$ _____
Tenant's Legal Liability Limit	_____
Umbrella/ Excess Liability Limit	_____
Products and Completed Operations Limit	_____
Personal Injury Limit	_____
Employee Benefits Liability	_____
Employers Liability – Office & Clerical only	_____
Employers Liability- Full (if required)	_____
Non Owned Automobile	_____
Professional Liability	_____
Directors & Officers Liability	_____
Umbrella Liability	_____

42) Do you own, rent, lease, occupy property of any nature other than previously described?

43) Describe any posters, signs, bulletin boards, street signs etc. which are or may be placed upon buildings not occupied by you?

44) Do you contemplate any new construction, structural alteration or demo work within the next year?

Cost? _____ Being done by whom _____

45) Do you exhibit at any trade shows/ exhibitions or fairs?

46) Do you run any promotions during policy term?

Name of Applicant: _____

Application's Position: _____

Applicant's Signature: _____ **Date:** _____