

GENERAL INFORMATION

Broker: _____

Contact Person: _____ Telephone Number: _____

Named Insured: _____

Location Address: _____

Has any insurer cancelled, declined or refused coverage in the past 5 years? ☐ Yes ☐ No

If yes, please explain: _____

BUILDING INFORMATION

Description of Building and Use: _____

Square Footage: _____ ft. Number of Stories: _____ Age: _____ years

Is the building owned by the Insured? ☐ Yes ☐ No

Are there any other Occupants of the building? ☐ Yes ☐ No

If Yes to above, describe the other occupancies: _____

FIRE PROTECTION

Hydrants within 300 meters? ☐ Yes ☐ No

Fire Hall within 8 kilometers? ☐ Yes ☐ No

Sprinklered? ☐ Yes ☐ No

Fire Hall: ☐ Paid ☐ Volunteer

CONSTRUCTION

☐ Masonry (HCB) ☐ Concrete ☐ Metal ☐ Frame ☐ Heavy Wood Timber

ROOF

Age: _____ years ☐ Metal ☐ Tar & Gravel ☐ Asphalt ☐ Wood

HEATING

☐ Forced Air ☐ Electric ☐ Hot Water ☐ Gas ☐ Oil ☐ Wood-ULC Approved?

☐ Other: _____

ELECTRICAL

☐ Fuses ☐ Breakers ☐ Other: _____ Wiring: ☐ Copper ☐ Aluminum

PLUMBING

☐ Copper ☐ Brass ☐ Cast Iron ☐ Galvanized Steel ☐ PVC (Plastic)

ALARMS

☐ Local Alarm ☐ Centrally Monitored ☐ Smoke Detectors ☐ Locked Gate ☐ Fire Extinguishers

BUILDING UPDATES:

Year	Type (ie roof, heating, electrical, plumbing)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

COOKING

Is there any cooking in this building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, is there a Deep Fat Fryer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to above, is there a Wet Chemical System covering the cooking area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date last serviced? <hr/>		
If any building has cooking exposure, is there adequate separation to other buildings of at least 100 ft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, distance is: <hr/> feet		

LOSS HISTORY

Have there been any instances of property loss or damage occurring at this location in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, explain: <hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

INSURABLE VALUES (attach additional sheets as needed):

	Total Insured Values	RC or ACV?
Buildings	<hr/>	<hr/>
Tenants Improvements	<hr/>	<hr/>
Contents and Equipment	<hr/>	<hr/>
Tools on site	<hr/>	<hr/>
BI Gross Rents coverage	<hr/>	<hr/>
BI Gross Profits coverage	<hr/>	<hr/>
BI Extra Expense	<hr/>	<hr/>
Computer (Hardware/Media/Software)	<hr/>	<hr/>
Miscellaneous Property	<hr/>	<hr/>
Mechanical Breakdown coverage required?	<hr/>	<hr/>
Other:	<hr/>	<hr/>
Deductible(s):	<hr/>	<hr/>

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed Insured's or any insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this application will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the application and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Applicant Name (Printed): _____

Title (Printed): _____

Applicant Signature: _____

Date (MM/DD/YYYY): _____