**OFFICE PACKAGE -** Application for Insurance

This Office Package is designed for small to medium sized offices requiring premises liability and basic office contents and business interruption coverage, limited to single location risks. The liability protection offered by this package does not cover products and completed operations, or professional liability. Refer to other programs on our main menu.

**Instead of completing this application form, consider trying** [***JET***](https://jet.forwardinsurance.ca/Public/AgentRetrieveQuoteCrossPackage)**, our self-serve platform.**

[***JET***](https://jet.forwardinsurance.ca/Public/AgentRetrieveQuoteCrossPackage) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](https://jet.forwardinsurance.ca/Public/AgentRetrieveQuoteCrossPackage)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

|  |
| --- |
| **APPLICANT INFORMATION** |
|  |
| Contact Email Address:*(Required for e-signatures)* |       |
|  |
|  |  |  |  |
| Applicant(s) Legal Name(s): |       |
|  |  |
| Mailing Address: |       |
|  |  |
| Year established: |       |  |
|  |  |
| **Loss History** |  |
|  |  |
| Have there been any claims or losses (whether covered by insurance or not) at this or other location(s) in the past 5 years? | [ ]  Yes [ ]  No |
|  |  |

|  |  |  |
| --- | --- | --- |
| Claim 1 Details – Date:  |       |  |
|  |  |  |
|  | Type of loss: |  |
|  |  |  |
|  | [ ]  Aircraft or vehicle impact | [ ]  Arson | [ ]  Burglary | [ ]  Change in Temperature |
|  | [ ]  Earthquake | [ ]  Electrical Current | [ ]  Explosion | [ ]  Falling Object |
|  | [ ]  Fire | [ ]  Flood | [ ]  Freezing | [ ]  Hail |
|  | [ ]  Landside | [ ]  Lightning | [ ]  Malicious Acts | [ ]  Other-Liability |
|  | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup | [ ]  Smoke |
|  | [ ]  Storm | [ ]  Tenant Vandalism | [ ]  Water | [ ]  Wildfire |
|  | [ ]  Wind |  |  |  |
|  |
|  | Is the claim open or closed?: | [ ]  Open [ ]  Closed  |  |  |
|  |  |  |  |
|  | Loss/Expenses Paid: | $      |  |
|  |  |  |  |
| Has the Applicant had more than one claim in the past 5 years? [ ]  Yes [ ]  No |  |
|  |  |  |  |
| Claim 2 Details – Date:  |       |  |
|  |  |  |
|  | Type of loss: |  |
|  |  |  |
|  | [ ]  Aircraft or vehicle impact | [ ]  Arson | [ ]  Burglary | [ ]  Change in Temperature |
|  | [ ]  Earthquake | [ ]  Electrical Current | [ ]  Explosion | [ ]  Falling Object |
|  | [ ]  Fire | [ ]  Flood | [ ]  Freezing | [ ]  Hail |
|  | [ ]  Landside | [ ]  Lightning | [ ]  Malicious Acts | [ ]  Other-Liability |
|  | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup | [ ]  Smoke |
|  | [ ]  Storm | [ ]  Tenant Vandalism | [ ]  Water | [ ]  Wildfire |
|  | [ ]  Wind |  |  |  |
|  |
|  | Is the claim open or closed?: | [ ]  Open [ ]  Closed  |  |  |
|  |  |  |  |
|  | Loss/Expenses Paid: | $      |  |
|  |  |  |  |
| Claim 3 Details – Date:  |       |  |
|  |  |  |
|  | Type of loss: |  |
|  |  |  |
|  | [ ]  Aircraft or vehicle impact | [ ]  Arson | [ ]  Burglary | [ ]  Change in Temperature |
|  | [ ]  Earthquake | [ ]  Electrical Current | [ ]  Explosion | [ ]  Falling Object |
|  | [ ]  Fire | [ ]  Flood | [ ]  Freezing | [ ]  Hail |
|  | [ ]  Landside | [ ]  Lightning | [ ]  Malicious Acts | [ ]  Other-Liability |
|  | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup | [ ]  Smoke |
|  | [ ]  Storm | [ ]  Tenant Vandalism | [ ]  Water | [ ]  Wildfire |
|  | [ ]  Wind |  |  |  |
|  |
|  | Is the claim open or closed?: | [ ]  Open [ ]  Closed  |  |  |
|  |  |  |  |
|  | Loss/Expenses Paid: | $      |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **PRIOR INSURANCE** |  |
|  |  |  |
| Does the applicant currently carry Commercial General Liability coverage? | [ ]  No [ ]  Yes  |
|  |  |
|  | If yes, name of insurer: |       |  |
|  |  |  |  |
|  | Policy Number: |       | Premium: |       |  |
|  |  |  |  |
| Has the applicant organization ever had insurance cancelled, declined or refused by an insurance company? | [ ]  No [ ]  Yes  |
|  |  |
|  | If yes, check reason for decline/ refusal/ cancellation: |
|  |  |
|  | [ ]  Due to cancellation for non-payment – all outstanding premium has been paid | [ ]  Due to other underwriting reasons |
|  | [ ]  Due to cancellation for non-payment – there is still an outstanding premium | [ ]  Due to Vacancy |
|  | [ ]  Due to condition of building | [ ]  Due to Occupancy |
|  | [ ]  Due to claims  | [ ]  Other reasons (not cited in choice above)  |
|  |  |  |
|  | If other, please describe: |       |
|  |  |  |
| **RISK INFORMATION** |
|  |  |
| **OCCUPANCY** | [ ]  6610 – Office Tenant – N.O.C., less than 12 visitors per day |
|  | [ ]  6620 – Office Tenant – N.O.C., more than 12 visitors per day |
|  |  |
| **INDUSTRY** | [ ]  Agriculture | [ ]  Aviation |
|  | [ ]  Construction and Maintenance  | [ ]  Education  |
|  | [ ]  Financial or Investment  | [ ]  Forestry  |
|  | [ ]  Healthcare (doctors office, etc)  | [ ]  Information Technology  |
|  | [ ]  Media  | [ ]  Mining  |
|  | [ ]  Misc. Professional and Consultant (legal, accounting, realtor, etc.)  | [ ]  Non Profit |
|  | [ ]  Other  | [ ]  Political or Lobby Groups  |
|  | [ ]  Power Generation  | [ ]  Religious  |
|  | [ ]  Retail  | [ ]  Trade/ Professional Association  |
|  | [ ]  Transport and Logistics  | [ ]  Travel and Hospitality  |
|  | [ ]  Wholesale  |  |
|  |  |  |
|  | If other, please describe: |       |
|  |  |  |
| **ACKNOWLEDGMENT OF COVER RESTRICTION** |  |
|  |  |
| The Applicant understands and agrees that should coverage be afforded under this package, coverage WILL NOT extend to operations, products, professional services, and all other services offered - this is strictly an office package |
|  |
|  | [ ]  Yes, the Applicant(s) understands and agrees | [ ]  No, the Applicant(s) does not understand and agree |
|  |  |  |
| **RISK LOCATION** |  |
|  |  |  |
| Address: |       | City: |       |
|  |  |  |  |  |
| Province: |       | Postcode/ZIP Code: |       |  |
|  |  |  |  |  |  |  |
| Number of stories of the building that the office is located in: |       | Total office area (square feet): |       |
|  |
| Total number of persons working at this risk location: |       |  |
|  |  |  |
| Does the Applicant(s) have any operations other than office use at this premises? | [ ]  No [ ]  Yes  |
|  |  |
|  | If yes, select operation: |
|  |  |
|  | [ ]  Warehouse/ Distribution  | [ ]  Storage  | [ ]  Manufacturing  | [ ]  Retail  |
|  | [ ]  Vacant building/ unit  | [ ]  Vacant land  | [ ]  Healthcare facility  | [ ]  Residential condo  |
|  | [ ]  Residential home  | [ ]  Farm agriculture  |  |  |
|  |  |  |  |  |
| Does the Applicant(s) perform any work in the United States? |  | [ ]  No [ ]  Yes  |
|  |  |  |
|  | Describe the nature of the work performed in the United States: |  |
|  |  |  |
|  | [ ]  Applicant has US sales but does NOT travel to or perform work in the US.  |  |
|  | [ ]  Applicant travels to the United States occasionally to meet customers or attend trade shows. |  |
|  | [ ]  Applicant does actually perform work in the United States, and this is insured elsewhere. |  |
|  | [ ]  Applicant does actually perform work in the United States, and this is NOT insured elsewhere. |  |
|  |  |  |
|  | Does the Applicant have a location in the United States? | [ ]  No [ ]  Yes  |
|  |  |  |
|  |  | Is the location in the United States insured elsewhere? | [ ]  No [ ]  Yes  |
|  |  |  |  |
| **COVERAGES** |
|  |  |  |  |
| **OPTIONAL COMMERCIAL GENERAL LIABILITY** |  |
|  |  |
| Commercial General Liability (Excluding products and completed operations): |  |
|  |  |
|  | [ ]  $0 (Not Required)  | [ ]  $1,000,000  | [ ]  $2,000,000  | [ ]  $3,000,000  | [ ]  $4,000,000  | [ ]  $5,000,000  |
|  |  |  |  |  |  |  |
| Tenant's Legal Liability: | [ ]  $250,000 | [ ]  $500,000 | [ ]  $1,000,000 | [ ]  $2,000,000  |  |
|  |  |  |  |  |  |
| Non-Owned Auto Limit: | [ ]  Not Required | [ ]  $1,000,000  | [ ]  $2,000,000  |  |  |
|  |  |  |  |  |  |
| Employer's Liability: | [ ]  Not Required | [ ]  $1,000,000  | [ ]  $2,000,000  |  |  |
|  |  |  |  |  |  |
| Employment Benefits Liability Extension: | [ ]  Not Required | [ ]  $1,000,000  | [ ]  $2,000,000  |  |  |
|  |  |  |  |  |  |
| Deductible (Liability): | [ ]  $1,000 | [ ]  $2,500 | [ ]  $5,000 | [ ]  $10,000 |  |
|  |  |  |  |  |  |
| **PROPERTY COVERAGE** |  |  |  |  |  |
|  |  |  |  |  |  |
| Does the Applicant require property coverage for this risk location? |  | [ ]  No [ ]  Yes  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Business Personal Property (Office Contents and Tenants Improvements):  | $      |  |
|  |  |  |  |
|  | Stock / Inventory: | $      |  |
|  |  |  |  |
|  | COED - Contents of Every Description: | $      |  |
|  |  |  |  |
|  | Miscellaneous Articles Floater: | $      |  |
|  |  |  |  |
|  | Business Interruption – Extra Expense: | [ ]  $10,000 | [ ]  $25,000 | [ ]  $50,000 | [ ]  $75,000 | [ ]  $100,000 |
|  |  |  |  |
|  | Business Interruption – Profits (ALS): | $      |  |
|  |  |  |  |
|  | Property Deductible: | [ ]  $1,000 | [ ]  $2,500 | [ ]  $5,000 |  |  |
|  |  |  |  |  |  |  |
|  | Deductible - Water Damage: | [ ]  $2,500 | [ ]  $5,000 | [ ]  $10,000 | [ ]  $25,000 |  |
|  |  |  |  |  |  |  |
|  | Sewer Backup Coverage: | [ ]  No [ ]  Yes  | Earthquake Coverage: | [ ]  No [ ]  Yes  |
|  |  |  |  |  |
|  | Is this risk located in a flood zone? | [ ]  No [ ]  Yes  | Flood Coverage: | [ ]  No [ ]  Yes  |
|  |  |  |  |  |
| **OPTIONAL EQUIPMENT BREAKDOWN** |  |  |
|  |  |  |
| Optional Equipment Breakdown: | [ ]  Required  | [ ]  Not required  |
|  |  |  |
| **OPTIONAL CRIME** |  |  |
|  |  |  |
| Optional Crime Coverage (3D) | [ ]  Not required  | [ ]  $10,000 | [ ]  $25,000 |  |  |
|  |  |  |  |  |  |
| **BUILDING CONSTRUCTION INFORMATION** |  |  |  |  |
|  |  |  |  |  |
| Year built: |       |  |  |  |
|  |  |  |  |  |
| Construction: | [ ]  Wood Frame  | [ ]  Masonry | [ ]  Non-Combustible | [ ]  Steel Frame |
|  | [ ]  Fire Resistive – Low Rise | [ ]  Fire Resistive – High Rise |  |  |
|  |  |  |  |  |
| Fire Protection Grade: | [ ]  Protected (hydrant within 300m, and paid fire hall within 8km)  |
|  | [ ]  Semi Protected (hydrant not within 300m, paid firehall within 8km)  |
|  | [ ]  Unprotected  |
|  |  |
| Roof Construction: | [ ]  Wood Joist | [ ]  Steel Deck | [ ]  Concrete | [ ]  Other: |       |
|  |  |  |  |  |
| Year of latest roof update |       |  |  |  |
|  |  |  |  |  |
| Plumbing Type: | [ ]  Copper, PEX, PVC, ABS | [ ]  Polybutylene | [ ]  Galvanized Steel |
|  | [ ]  Kitec | [ ]  Cast Iron | [ ]  Mixed  |
|  |  |  |  |
| Heating: | [ ]  Forced Air-Gas | [ ]  Solid fuel heating | [ ]  Oil |
|  | [ ]  Boiler | [ ]  Electric | [ ]  Other: |       |
|  |  |  |  |
| Year of latest heat update: |       |  |  |
|  |  |  |  |
| Electrical: | [ ]  Copper | [ ]  Aluminum | [ ]  Other |
|  |  |  |  |
| Year of latest Electrical updates: |       |  |  |
|  |  |  |  |
| Does the premises have a monitored alarm system? | [ ]  No [ ]  Yes  |  |
|  |  |  |  |
| Is the premises sprinklered? | [ ]  No [ ]  Yes  |  |
|  |  |  |

|  |
| --- |
| **ISSUANCE INFORMATION** |
|  |
| **POLICY TERM INFORMATION** |
|  |
| Proposed Effective Date (MM/DD/YYYY): |       |  |
|  |  |
| **MAILING ADDRESS** |  |
|  |  |
| Mailing address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| **LOSS PAYABLES** |  |  |  |
|  |  |  |  |
| Name: |       |  |  |
|  |  |  |  |
| Mailing address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       |  |  |
|  |  |  |  |
| Mailing address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| **ADDITIONAL INSUREDS -** add any Additional Insureds required with respect to liability coverage (e.g. Landlord, contract requirements, etc.): |
| Additional Insured 1 - Name: |       |
|  |  |  |
|  Address, City, Prov, PostCode: |       |
|  |  |
| What is the relation between the Applicant and the additional insured entity? | [ ]  Customer of Insured[ ]  Landlord | [ ]  Government Body[ ]  Lead Contractor | [ ] Lessor/finance company[ ] Joint Venture  |
|  |  |  [ ]  Subsidiary (100% wholly owned by Applicant) |  [ ] Other |
|   |   |  [ ]  Subsidiary (not wholly owned by Applicant) |
|  |  |  |
| Additional Insured 2 - Name: |       |
|  |  |  |
|  Address, City, Prov, PostCode: |       |
|  |  |
| What is the relation between the Applicant and the additional insured entity? | [ ]  Customer of Insured[ ]  Landlord | [ ]  Government Body[ ]  Lead Contractor | [ ] Lessor/finance company[ ] Joint Venture  |
|  |  |  [ ]  Subsidiary (100% wholly owned by Applicant) |  [ ] Other |
|   |   |  [ ]  Subsidiary (not wholly owned by Applicant) |
|  |  |  |
| **WAIVER OF SUBROGATION** |  |
|  |  |
| Name: |       |  |  |
|  |  |  |  |
| Mailing address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| What is the relationship between the Applicant and the entities requesting a Waiver of Subrogation? |  |
|  |  |
|  | [ ]  Government Body  | [ ]  Landlord | [ ]  Other |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Name: |       |  |  |
|  |  |  |  |
| Mailing address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| What is the relationship between the Applicant and the entities requesting a Waiver of Subrogation? |  |
|  |  |
|  | [ ]  Government Body  | [ ]  Landlord | [ ]  Other |  |
|  |  |  |  |  |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.**NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. |
|  |  |  |  |
| **Applicant’s Signature:** |       | **Date:** |       |
| **Brokerage:** |       | **Broker ID:** |       |
| **Broker Email:** |       | **Phone:** |       |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.**