

LPI Commercial Building Owner's Coverage

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#110 - 7340 Westminster Hwy Richmond, BC V6X 1A1

LEGEAR • PELLING

INSURANCE AGENCIES LTD.

Community Minded Customer Committed

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Date:

COMMERCIAL EVALUATION FORM

Name of Insured/Applicant:

Contact Person: Name:

Email Address:

Tel. # (business/work):

Fax #:

Tel. # (home):

Cellular #:

Mailing Address:

Risk Location:

Description of Applicant's Operations: Building ownership

RISK DETAILS

1) Age of Building/Year built:

If age of building is over 25 years: Year Updated: Roof
Electrical
Heating
Plumbing

Hydrant within 1,000 ft.? Yes / No

Firehall within five miles? Yes /No

2) Construction:

3) # of Storey:

4) Sq. Footage (whole building):

5) Heating:

6) Electric: Fuses or Circuit Breakers?

7) Type of Roof:

8) Building sprinklered? Yes / No

9) Housekeeping: Good / Fair / Poor

10) Loss Payee:

11) How long has the insured owned the building?

12) Occupancy:

Type of business/Occupancy of Insured: Building Ownership

Other Occupants/Neighboring Exposures:

Left:

Right:

Front:

Rear:

13) Miscellaneous Information:

14) Date inspected:

By Whom?

15) Picture attached? Yes / No

16) Previous Insurer:

Policy #:

Expiry Date:

Has the applicant been declined, cancelled, or had a renewal of any kind, property or liability refused in past 5 years? Yes /No

17) Loss history in last 5 years (must complete, if none, please state)

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon this information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. I authorize my broker or insurance company to collect, use and disclose any of this personal information including my claims history and credit information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance, underwriting and/or renewing, extending or changing my policies, evaluating claims, detecting and preventing fraud and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. If there are any changes to the information contained in this application I hereby agree to notify my Insurer of such changes within thirty (30) days of such change. Signing of this application for insurance does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Signature of Applicant _____ Date: _____

Signature of Applicant _____ Date: _____

Signature of Broker: _____ Date: _____

Brokerage Firm: Legear Pelling Insurance Agencies Ltd.

Broker's Tel. 604.276.2474

Broker's Fax. 604.276.2943