

**LPI Commercial Evaluation (Coverage/Limits Required)**

Tel: 604-276-2474 Fax: 604-276-2943 legearpelling.com

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

**LEGEAR • PELLING**

**INSURANCE AGENCIES LTD.**

Community Minded Customer Committed

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Date:

Name of Applicant: \_\_\_\_\_

- |    |  |    |
|----|--|----|
| 1. | Building   | \$ |
|    | ( ) All Risks  |    |
|    | ( ) Replacement Cost                                   |    |
|    | _____ % Co-Insurance                                   |    |
|    | _____ deductible                                       |    |
| 2. | Stock  | \$ |
|    | ( ) All Risks  |    |
|    | ( ) Reporting Form                                     |    |
|    | ( ) Consequential Loss                                 |    |
|    | _____ % Co-Insurance                                   |    |
|    | _____ deductible                                       |    |
|    | Customers Goods  | \$ |
|    | Unnamed Locations                                      | \$ |
|    | ( ) Peak Season Endorsement                            | \$ |
| 3. | Equipment  | \$ |
|    | Tenants Improvements                                   | \$ |
|    | ( ) All Risks  |    |
|    | ( ) Replacement Cost                                   |    |
|    | _____ % Co-Insurance                                   |    |
|    | _____ deductible                                       |    |
|    | Unnamed Locations                                      |    |
| 4. | Office Contents (A/R, Replacement Cost)                | \$ |
| 5. | Business Interruption                                  | \$ |
|    | ( ) Earnings _____ % Co-Insurance                      |    |
|    | ( ) No-Co Earnings                                     |    |
|    | ( ) All Risk   |    |
|    | ( ) Profits Form Indemnity                             |    |
|    | ( ) Ordinary Payroll Exclusion                         |    |
|    | ( ) Valued \$ _____ week, _____ weeks, days open _____ |    |
| 6. | Rental Income (100% Co-Insurance)                      | \$ |
| 7. | Earthquake & Flood                                     | \$ |
|    | ( ) Required ( ) Not Required                          |    |
| 8. | Transit/Transportation                                 | \$ |
| 9. | Extra Expense  | \$ |

10. Auditors Fees \$

11. Valuable Papers \$

12. Accounts Receivable \$  
 reporting  
 no reporting

13. Computer \$  
 Extra Expense  
 Data off premises  
 Breakdown cover \$ \_\_\_\_\_ Deductible  
 Media  
 Hardware

14. Office Equipment Floater \$  
Miscellaneous Property Floater / Laptop Computer \$  
 All Risk  
 Replacement Cost  
\_\_\_\_\_ % co-insurance  
\_\_\_\_\_ Deductible

15. Motor Truck Cargo \$  
 All Risk  
 Radius  
\_\_\_\_\_ Deductible  
Number of vehicles \_\_\_\_\_

16. Liability \$  
 CGL – Commercial General Liability  
 U.S. Exposure  
 Garage  
 Storekeepers  
 Premises, Property & Operations  
 O L & T  
 Broad Form Property Damage  
 Occurrence Property Damage  
 Contingent Employers  
 Personal Injury  
 Non-Owned Automobile  
 Independent Contractors  
 Products & Completed Operations  
 Employees as named insured  
 Blanket Contractual  
 Cross Liability  
 Elevators  
 Attached Equipment  
 Hoist Collision  
 Advertising Liability  
 Gas/Propane Conversion  
 Medical Payments  
 Others  
 Additional Insureds: \_\_\_\_\_

17. Tenants Legal Liability \$

( ) All Risk

18. Malpractice \$  
Type:
19. Crime \$  
( ) In/Out Robbery  
( ) Custodians Home  
( ) Open Stock Burglary  
( ) Broad Form Money  
( ) Safe Burglary  
( ) Burglary Damage to Building  
( ) Cash Float
20. Bond \$  
Type:
21. Blanket Glass  
( ) Required ( ) Not Required  
\$\_\_\_\_\_ Deductible
22. Boiler & Machinery \$  
( ) Broad Form  
( ) Comprehensive Form  
( ) Repair / Replacement  
( ) Including Air-Conditioning  
( ) Excluding Air-Conditioning  
Business Interruption type: \_\_\_\_\_  
Deductible \$ \_\_\_\_\_
23. Tool Floater \$  
( ) All Risk  
( ) Replacement Cost  
Deductible \$ \_\_\_\_\_
24. Neon Sign \$  
( ) All Risk  
( ) Replacement Cost  
Deductible \$ \_\_\_\_\_
25. Contractors Equipment \$  
( ) All Risk  
( ) Replacement Cost  
( ) Actual Cash Value  
Deductible \$ \_\_\_\_\_  
\_\_\_\_\_% Co-Insurance Clause
26. Sewer Back-up (\$2,500 deductible) Please include
27. Other Coverage \$

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