

SUPPLEMENTAL APPLICATION FOR THE TRADES PACKAGE PROPERTY COVERAGE

PROPERTY INSURANCE:

Location to be Insured: _____

Distance to hydrant: _____ Distance to responding fire department: _____

Year Built: _____ # of Stories: _____ Building Construction Type: _____

Heating: Gas Electric Oil Other: _____ Electrical: 100 amp Breakers _____ Fuses _____

Updates to above (include date of updates to each): _____

Occupancy: _____ 1st Floor: _____ 2nd Floor _____ 3rd Floor: _____

Burglary Alarm: Yes No Monitored: Yes No Sprinklered: Yes No

COVERAGE SUMMARY:

Date Coverage required: _____ Target Premium \$ _____

Office Package Limits – see coverage features next page	\$1,000		
Building – All Risk – 80 co insurance			
Contents - All Risk - 80 co insurance			
MISCELLANEOUS PROPERTY FLOATER			
- Computer Equipment (incl. Laptop)			
- Tools			
- Portable Equipment			
Profits			
Extra Expense			
Crime Limit			
Employee Dishonesty Limit			

Earthquake (restrictions in Cresta Zone 1)	10%		
Flood Coverage	\$10,000		

OPTIONAL COVERAGES	\$ 1,000		\$ 75
Expediting expenses		\$ 10,000	
Hazardous Substances		\$ 10,000	
Spoilage		\$ 10,000	
Off-Premises Power		Included	
Repair or Replacement		Included	
Equipment Breakdown		Included	

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting 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.

Printed Name: _____ Date: _____

Position Held: _____ Applicant's Signature: _____

Brokerage: _____ Broker Name: _____

Broker Email: _____ Broker phone: _____