



London Direct Insurance Ltd Standard Application

Brokerage Information:

Office:	
Marketer:	
Producer:	

Client Information:

Name:		
	Account number:	

Postal Address:

Address:			
City:	Province:		
Country:	Postal Code:		
Phone:	Web Site:		
Fax:	E-mail:		

More phone numbers:

	<input type="checkbox"/> Main	<input type="checkbox"/> Direct	<input type="checkbox"/> Toll	<input type="checkbox"/> Fax	<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Other
	<input type="checkbox"/> Main	<input type="checkbox"/> Direct	<input type="checkbox"/> Toll	<input type="checkbox"/> Fax	<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Other
	<input type="checkbox"/> Main	<input type="checkbox"/> Direct	<input type="checkbox"/> Toll	<input type="checkbox"/> Fax	<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Other

Client Contacts:

Last Name	First Name	Mr./Ms./Dr.	Position	Phone	E-mail	Other

Positions: Accountant; CEO; Insured; Manager; Owner; President; Principal/Partner; Secretary; Vice President

Other: Main; Direct; Toll; Fax; Pager; Cell; Home

Business Operation:

Industry Code:

Description of business operations:

Claims Information:

Loss Date	Type	Description	Amount Paid	Reserve

Previous Policy Information:

Insurer: Broker:
 Policy #: Premium: Prev. Term: From: To:

If renewal was not being offered please explain below:

Other Policy Information:

Type	Insured Name	Insurer	Effective	Expiry

Liability Information:

Business Information:

In business since: Employees: f/t: p/t: Covered by WCB

Exposure rating basis:

Revenue:
 Annual gross receipts: Internet %:
 Canadian %: US %: Foreign %:
 Payroll:
 Annual Payroll:
 Unit:
 Units: Base Unit:

Liquor liability:

Is there any liquor liability: Yes No
 Receipt splits: Liquor \$: Food \$: Other \$:

Notes:

Misc/Remarks:

Notes:

Special circumstances concerning this policy/application which the company should know:

Broker declaration:

I have known this client since _____ (month) _____ (year)

This business/client is new to my office.

Policy Information:

Period of Coverage: From: To:

Package Name:

Payment Information:

Company Bill Broker/Agent Bill Other: _____

Submitted to: (please list Insurers or MGA's already submitted to for quotes)

- 1)
- 2)
- 3)
- 4)

Location Information:

General:

Location number: This location is Urban Rural

Address:

City: Province:

Postal Code: Country:

Inspection:

This risk was not inspected Date risk was inspected:

Inspected by:

This risk is: Excellent Good Very Good Average Fair Poor

Coding:

Municipal fire protection zone: Fire Protection Grade:

Risk Information:

General:

Type: Commercial Building Commercial Equipment Commercial Stock Other Commercial Risk

Notes:

Limit: \$

Construction:

Stories:

Year Built: Area: Ft² m²

Walls:	<input type="checkbox"/> Poured Concrete	<input type="checkbox"/> HCB – Hollow Concrete Block	<input type="checkbox"/> Frame and all other	<input type="checkbox"/> Frame w/ brick veneer
	<input type="checkbox"/> Frame metal clad	<input type="checkbox"/> Solid Brick	<input type="checkbox"/> Concrete panels on steel structure	<input type="checkbox"/> Steel on steel
	<input type="checkbox"/> Metallic panels on steel structure	<input type="checkbox"/> Wood	<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Non-combustible with masonry walls
	<input type="checkbox"/> Non-combustible with non-masonry walls	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry veneer	<input type="checkbox"/> Not applicable

Floors:	<input type="checkbox"/> Poured concrete or fire resistive material	<input type="checkbox"/> Frame and all other	<input type="checkbox"/> Masonry	<input type="checkbox"/> Concrete panels on steel structure
	<input type="checkbox"/> Masonry on wood structure or other combustible material	<input type="checkbox"/> Heavy Beam or “Mill”	<input type="checkbox"/> Non-combustible with masonry	<input type="checkbox"/> Non-combustible without masonry
	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Brick or stone

Basement:	<input type="checkbox"/> Poured concrete	<input type="checkbox"/> HCB – Hollow concrete block	<input type="checkbox"/> No basement	<input type="checkbox"/> Fire resistive
	<input type="checkbox"/> Non-combustible with masonry	<input type="checkbox"/> Non-combustible without masonry	<input type="checkbox"/> Masonry with combustible ceiling	<input type="checkbox"/> Masonry veneer
	<input type="checkbox"/> Frame and all other	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Unfinished (crawl space)	

Roof:	<input type="checkbox"/> Frame on steel joists	<input type="checkbox"/> Frame on wood joists	<input type="checkbox"/> Heavy beam or ‘mill’	<input type="checkbox"/> Poured concrete
	<input type="checkbox"/> Steel Beam	<input type="checkbox"/> Steel Deck	<input type="checkbox"/> Not applicable	

Roof Covering:	<input type="checkbox"/> Asphalt shingles	<input type="checkbox"/> Steel Deck	<input type="checkbox"/> Tar and gravel	<input type="checkbox"/> Concrete on steel structure
	<input type="checkbox"/> Concrete Tiles	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood shakes	<input type="checkbox"/> Tile
	<input type="checkbox"/> Slate	<input type="checkbox"/> Rubber/Polymer	<input type="checkbox"/> Tar paper	<input type="checkbox"/> Plastic
	<input type="checkbox"/> Glass dome/skylight	<input type="checkbox"/> Wood shingles	<input type="checkbox"/> Glass/poly on metal	
	<input type="checkbox"/> Other (describe)			

Electrical:	<input type="checkbox"/> Breakers	<input type="checkbox"/> Fuses	<input type="checkbox"/> Breakers & fuses
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Plumbing:	<input type="checkbox"/> Copper	<input type="checkbox"/> Lead	<input type="checkbox"/> Plastic (PVS or CVS)	<input type="checkbox"/> Galvanized
	<input type="checkbox"/> Stainless steel	<input type="checkbox"/> Steel	<input type="checkbox"/> Copper/plastic PVC mix	
	<input type="checkbox"/> Other (describe)			

Heating:	<input type="checkbox"/> None	<input type="checkbox"/> Duct furnace	<input type="checkbox"/> Boiler	<input type="checkbox"/> Unit heaters
	<input type="checkbox"/> Radiant	<input type="checkbox"/> Electric	<input type="checkbox"/> Heat pump	<input type="checkbox"/> Combined primary outside risk unit & inside auxiliary
	<input type="checkbox"/> Wood burning kitchen stove	<input type="checkbox"/> Slow wood burning/air tight stove	<input type="checkbox"/> Furnace (central) with add-on wood burning unit	<input type="checkbox"/> Fireplace insert
	<input type="checkbox"/> Furnace (central)	<input type="checkbox"/> Bi-energy/combination with wood	<input type="checkbox"/> Stove	<input type="checkbox"/> Solid fuel heating unit
	<input type="checkbox"/> 220 watt electric furnace	<input type="checkbox"/> Floor furnace	<input type="checkbox"/> Warm air	<input type="checkbox"/> Wood burning unit
	<input type="checkbox"/> Wall furnace	<input type="checkbox"/> Space heater	<input type="checkbox"/> Magazine type coal burning stove	<input type="checkbox"/> Movable stoves
	<input type="checkbox"/> Movable heaters	<input type="checkbox"/> Recessed heater	<input type="checkbox"/> Water heaters	<input type="checkbox"/> Pipeless warm air furnace
	<input type="checkbox"/> Primary and auxillary	<input type="checkbox"/> Suspended heaters	<input type="checkbox"/> Roof mounted HVAC	<input type="checkbox"/> Geothermal
	<input type="checkbox"/> Other (describe)			

Fuel:	<input type="checkbox"/> Oil	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Steam
	<input type="checkbox"/> Coal	<input type="checkbox"/> Wood	<input type="checkbox"/> Electric	<input type="checkbox"/> Solar
	<input type="checkbox"/> Naptha gas	<input type="checkbox"/> Butane	<input type="checkbox"/> Combination – oil and wood	<input type="checkbox"/> Combination – electric and oil
	<input type="checkbox"/> Combination – other (describe)			
	<input type="checkbox"/> Other (describe)			

Renovations:

<input type="checkbox"/> None known:	Year:		Complete/Partial:	
<input type="checkbox"/> Electrical:	Year:		Complete/Partial:	
<input type="checkbox"/> Plumbing:	Year:		Complete/Partial:	
<input type="checkbox"/> Heating:	Year:		Complete/Partial:	
<input type="checkbox"/> Roof:	Year:		Complete/Partial:	

Fire Protection:

Hydrants: Unprotected Within 150m Within 300m Over 300m

Fire Department: Not specified Within 5k Within 8k Within 13k
 Over 13k

Extinguishing System Type: Portable Extinguisher(s) Sprinkler None Comb. Portable & Sprinkler
 Other (describe)

Extinguishing Agent Type: Water Chemical Carbon dioxide Foam
 Halon Dry Chemical Automatic CO2

Fire Alarm: None Complete Partial Central Station
 Monitoring station (full service) Monitoring station (shared service) Local alarm
 Other (describe)

Coverage: % Standpipe & hose (check if applicable)

Crime Protection:

Protection Types: Doors – deadbolt Breakage resistant glass Windows - barred Windows – wire mesh
 Steel bars on openings Surveillance cameras Watchmen/security guards Fence
 Guard Dog Windows – ULC security film Additional combination lock Additional key
 Alarm ‘fine wire’ protecting openings Camera with concealed VCR recording on film Common tenant walls reinforced with steel mesh Electronic lock
 Entrance visible from street Exterior doors of sturdy construction, inside hinges Exterior lighting Hold-up buttons
 Metal loading doors, secured internally Motion sensitive lighting Multiple lock styles Perimeter fence and lockable gate
 Property/lot illuminated at night Skylight/Roof AC openings blocked off Steel post (front & rear) to prevent vehicle entry Stock secured – separate enclosure
 Stockroom ceiling entirely covered by motion sensor Warehouse area alarmed separately from office Warning signs Windows – Glass breakage detectors
 Other (describe)

Burglar Alarm: None Complete Partial Central Station
 Monitoring station (full) Monitoring station (shared service) Local alarm
 Other (describe)

Safe Type: Fire Burglary Vault None

Safe Class: 1 2 3 4
 5
 Other (Describe)

Occupancy:

Insured:

Industry Code:

Description of business operations:

Others:

Exposures:

Clear all directions or:

Left of Insured:

Right of Insured:

Behind Insured:

Loss Payees:

Print the following clause on the schedule of loss payees:

(as per standard mortgage clause)

(as their interests may appear)

Schedule of Coverages:

PROPERTY		Deductible	Co-Ins	Limit
<input type="checkbox"/> Building, Equipment and Stock	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Building <input type="checkbox"/> Replacement Cost				
<input type="checkbox"/> Equipment <input type="checkbox"/> Replacement Cost				
<input type="checkbox"/> Stock				
<input type="checkbox"/> Property of Every Description (POED)	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Building <input type="checkbox"/> Replacement Cost				
<input type="checkbox"/> Equipment <input type="checkbox"/> Replacement Cost				
<input type="checkbox"/> Stock				
<input type="checkbox"/> Contents of Every Description (COED)	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Equipment <input type="checkbox"/> Replacement Cost				
<input type="checkbox"/> Stock				
<input type="checkbox"/> Office Contents (Broad)				
<input type="checkbox"/> Electronic Data Processing Systems (Broad)				
<input type="checkbox"/> Valuable Papers & Records (Broad)				
<input type="checkbox"/> Accounts Receivable (Broad)				
<input type="checkbox"/> Residential Condominiums (Broad)				
<input type="checkbox"/> Commercial Condominiums (Broad)				
<input type="checkbox"/> Contractor's Equipment	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Tool Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Transportation Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Motor Truck Cargo – Owner's	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Motor Truck Cargo – Truckmen's	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Trip Transit (Broad)				
<input type="checkbox"/> Builders Risk	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Installation Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Bailees' Customers	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Warehouseman's Legal Liability				
<input type="checkbox"/> Equipment Dealer's Stock and Equipment	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Stock				
<input type="checkbox"/> Equipment				
<input type="checkbox"/> Exhibition Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Fine Arts Floater (Broad)				
<input type="checkbox"/> Signs Floater (Broad)				
<input type="checkbox"/> Misc. Property Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Furriers Block (Broad)				
<input type="checkbox"/> Furriers Customers – Custody Rider (Broad)				
<input type="checkbox"/> Furriers Customers – Legal Liability Rider (Broad)				
<input type="checkbox"/> Jewellers Block (Broad)				
<input type="checkbox"/> Heavy Equipment in Use	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Small Equipment in Use	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Real Property	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Other Transportation	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Other Bailees Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Installment Sales Floater	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Other Sales Operations	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Other Construction	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Difference in Conditions				
<input type="checkbox"/> Other Misc. Floaters	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Misc. Wording (Broad)				
<input type="checkbox"/> Misc. Wording (Named)				

BUSINESS INCOME		Deductible	Co-Ins	Limit
<input type="checkbox"/> Business Income	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Extended Business Income	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Extended Rental Income	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Extra Expense	<input type="checkbox"/> Broad <input type="checkbox"/> Named			

BUSINESS INTERRUPTION		Deductible	Co-Ins	Limit
<input type="checkbox"/> Profits (Broad/Named)	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Gross Earnings–Mercantile or Non-Manufacturing				
<input type="checkbox"/> Gross Earnings–Manufacturing	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Earnings – No Co-Insurance	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Rent or Rental Value	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Gross Rentals	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Extra Expense	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Other Business Interruption	<input type="checkbox"/> Broad <input type="checkbox"/> Named			
<input type="checkbox"/> Misc. Wording (Broad)				
<input type="checkbox"/> Misc. Wording (Named)				

CRIME		Deductible	Co-Ins	Limit
<input type="checkbox"/> Comprehensive 3 D				
<input type="checkbox"/> Employee Dishonesty (Individual)				
<input type="checkbox"/> Employee Dishonesty (Scheduled - attach)	<input type="checkbox"/> Name <input type="checkbox"/> Position			
<input type="checkbox"/> Money & Securities	<input type="checkbox"/> Broad <input type="checkbox"/> Robbery			
<input type="checkbox"/> Money Orders & Counterfeit Paper Currency				
<input type="checkbox"/> Depositors Forgery				
<input type="checkbox"/> Damage to Building by Burglary or Robbery				
<input type="checkbox"/> Stock & Equipment Burglary				
<input type="checkbox"/> Safe Burglary				
<input type="checkbox"/> Safe Deposit Box Burglary & Robbery				
<input type="checkbox"/> Safe Deposit Box Securities (Broad)				
<input type="checkbox"/> Office Burglary & Robbery	<input type="checkbox"/> 4 point <input type="checkbox"/> 7 point			
<input type="checkbox"/> Store Burglary & Robbery (Seven Point)				
<input type="checkbox"/> Church Theft				
<input type="checkbox"/> Misc. Wording				

LIABILITY		Deductible	Co-Ins	Limit
<input type="checkbox"/> Commercial General Liability (Occurrence Form)				
<input type="checkbox"/> Comprehensive General Liability				
<input type="checkbox"/> Owners', Landlords', and Tenants' Liability				
<input type="checkbox"/> Tenants' Legal Liability	<input type="checkbox"/> Broad <input type="checkbox"/> Limited			
<input type="checkbox"/> Non-Owned Automobile Liability (SPF 6)				
<input type="checkbox"/> Worldwide Non-owned Automobile Liability				
<input type="checkbox"/> Voluntary Compensation				
<input type="checkbox"/> Professional Liability				
<input type="checkbox"/> Directors' & Officers Liability	<input type="checkbox"/> Profit <input type="checkbox"/> Non profit			
<input type="checkbox"/> Employers' Bodily Injury Liability				
<input type="checkbox"/> Wrap-up Liability				
<input type="checkbox"/> Pollution Liability				
<input type="checkbox"/> Excess Liability				
<input type="checkbox"/> Misc. Wording				

UMBRELLA		Deductible	Co-Ins	Limit
<input type="checkbox"/> Umbrella Liability				
<input type="checkbox"/> Misc. Wording				

MACHINERY BREAKDOWN		Deductible	Co-Ins	Limit
<input type="checkbox"/> Machinery Breakdown				
<input type="checkbox"/> Business Interruption (Actual Loss)				
<input type="checkbox"/> Business Interruption (Loss of Profit)				
<input type="checkbox"/> Business Interruption (Gross Earnings)				
<input type="checkbox"/> Business Interruption (Rent or Rental Value)				
<input type="checkbox"/> Business Interruption (Extra Expense)				
<input type="checkbox"/> Misc. Wording				

OTHER		Deductible	Co-Ins	Limit
<input type="checkbox"/> Fees to Substantiate Loss				
<input type="checkbox"/> Glass				
<input type="checkbox"/> Additional Insured				
<input type="checkbox"/> Exclusion of Asbestos Related Claims				
<input type="checkbox"/> Blanket Machinery Breakdown				
<input type="checkbox"/> Misc. Wording				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

