



Westland

MYGROUP

Chiropractic Clinic Property / Building Insurance Quotation

Please complete all sections for a quote

Name of Applicant: _____

Mailing Address: _____

Name of Business: _____

Business Tel: _____ Residential Tel: _____

Cellular Tel: _____ Facsimile: _____

Email: _____

Experience of Applicant *(If more than Two claims, please use the 'Comments' section below)*

Number of years in Business: _____ Years of Experience (in this field): _____

Has the Applicant had any losses in the past 3 years Yes No

If yes, Date: _____ Cause: _____ Amounts paid including Expenses \$ _____

Date: _____ Cause: _____ Amounts paid including Expenses \$ _____

Has any Insurer cancelled or refused coverage in the last 3 years? Yes No

If yes, specify: _____

Current Insurer: _____ Policy Number: _____

Insured property address: _____

Building Construction and Renovation Details

Year built: _____ Number of storeys: _____ Total building area: _____

Complete Renovation Upgrades

Electricity Year _____ Plumbing Year _____ Heating Year _____ Roof Year _____

Building Construction: Fire resistive: _____% Masonry non-combustible: _____% Non-combustible: _____%

Masonry: _____% Brick veneer: _____% Frame/other: _____%

Main Heating System

Electric _____% Central hot air (gas/oil) _____%

Central watersteam (gas/oil) _____% Other: _____

Additional heating: [] Yes [] No If yes, describe system: _____

Fire Protection

Fire hydrant within 1,000ft (305m): [] Yes [] No Fire Hall within 8 km: [] Yes [] No

Fire alarm: [] Yes [] No Connected to a monitoring station: [] Yes [] No

Portable extinguishers: [] Yes [] No Automatic sprinklers: [] Yes [] No

Exposure (adjacent risks) within 75 ft (23 m): [] None

Occupancy LEFT _____ RIGHT _____ FRONT _____ BACK _____

Distance LEFT _____ RIGHT _____ FRONT _____ BACK _____

BURGLAR PROTECTION

Alarm installation: Yes No

Protection: Partial Complete Local Connected to a monitoring station

Contents Of Every Description based on current replacement cost.

Includes: Leasehold Improvements, Furniture, Modalities, Tables, Electronic Equipment (computers, etc.)

Total: \$_____

Building Owners

Total building value based upon current replacement market value including materials and labour.

Total: \$_____

Please indicate other tenanted occupancies in your building: Commercial: Residential:

Comments: _____

Applicant signature: _____ Date: _____

■ REMINDER

Please print the completed application and fax to: 1-866-966-0969 or
email to: commercialprograms@westlandmygroup.ca