

## COMMERCIAL SUBMISSION - SHORT

Applicant

Contact ☐ Same as Above ☐ Other \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ On \_\_\_\_\_ Postal Code \_\_\_\_\_ N1G 1M8

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Insured Location ☐ Same as Above ☐ See Location Schedule

Applicant is ☐ Individual ☐ Corporation ☐ Other \_\_\_\_\_

Name of Company \_\_\_\_\_ Year estb. \_\_\_\_\_

Effective Date: \_\_\_\_\_ Prior Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Has Insurance ever been declined/cancelled ☐ Yes ☐ No

**If yes, please provide details** \_\_\_\_\_

Gross Sales Canada: \_\_\_\_\_ US: \_\_\_\_\_ Other: \_\_\_\_\_

Payroll \_\_\_\_\_ Number of Employees \_\_\_\_\_

Operations: \_\_\_\_\_

Provide details of all **claims** in the past five (5) years:

Date	Description	Pay-out	Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any outstanding recommendations? \_\_\_\_\_

Any outstanding premiums owing? \_\_\_\_\_

**COVERAGE CANNOT BE BOUND UNTIL PAYMENT IS RECEIVED. ANNUAL PREMIUM IS MINIMUM AND RETAINED.**

**Westland MyGroup**  
4-201 Brownlow Avenue Dartmouth, NS B3B 1W2  
westlandmygroup.ca

T: 1-844-999-7687 ext. 2175  
F: 1-866-966-0969  
commercialprograms@westlandmygroup.ca

**Location Information**

Name of Company \_\_\_\_\_ Year estb. \_\_\_\_\_

Address \_\_\_\_\_

Type of Building Ownership ☐ Rental/Lease ☐ OwnedProtection ☐ Firehall \_\_\_\_\_ km away ☐ Hydrant \_\_\_\_\_ m awaySprinklered ☐ Yes ☐ No ☐ Partial \_\_\_\_\_ %Year Built \_\_\_\_\_ Number of Stories \_\_\_\_\_ Basement ☐ Yes ☐ NoHeating Type ☐ Forced Air ☐ Radiator ☐ Electric ☐ Other \_\_\_\_\_Heating Fuel ☐ Natural Gas ☐ Oil \_\_\_\_\_ Tank Year ☐ Other \_\_\_\_\_Upgrades ☐ Heating year \_\_\_\_\_ ☐ Roof year \_\_\_\_\_☐ Wiring year \_\_\_\_\_ ☐ Plumbing year \_\_\_\_\_Wall Construction ☐ Fire Resistive ☐ Concrete/Pre-Fab Concrete ☐ Wood☐ Masonry ☐ Brick Veneer ☐ Other \_\_\_\_\_Burglar Alarm ☐ Local ☐ ULC Monitored Fire Alarm ☐ Local ☐ ULC MonitoredOther ☐ CO<sup>2</sup> ☐ UL 300/ULC 1254.6 ☐ 6 Month Maintenance Contract ☐ Video Surveillance

Total Area of Building (sq ft) \_\_\_\_\_ Area Occupied by Applicant \_\_\_\_\_

**Building Occupancy**

Exposure:

Occupancy

Construction

North \_\_\_\_\_

South \_\_\_\_\_

East \_\_\_\_\_

West \_\_\_\_\_

Elevators/Escalators/Hoists # \_\_\_\_\_

Glass ☐ Single Pane ☐ Thermal Pane Lineal Feet \_\_\_\_\_

Snow Removal \_\_\_\_\_

Additional Interest

Name &amp; Address

☐ Landlord \_\_\_\_\_☐ Mortgagee \_\_\_\_\_**COVERAGE CANNOT BE BOUND UNTIL PAYMENT IS RECEIVED. ANNUAL PREMIUM IS MINIMUM AND RETAINED.****Westland MyGroup**4-201 Brownlow Avenue Dartmouth, NS B3B 1W2  
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COVERAGES	Limit (\$)	DED (\$)	Form	Valuation	Co-Ins / States (80/90%) Amount
PROPERTY					
POED/COED	_____	_____	Broad	Repl. Cost	_____
Breakdown of Values					
Building	_____	_____	Broad	Repl. Cost	_____
Equipment/Betterments	_____	_____	Broad	Repl. Cost	_____
Stock	_____	_____	Broad	Repl. Cost	_____
Office Contents	_____	_____	Broad	Repl. Cost	_____
EDP – Hardware	_____	_____	Broad	Repl. Cost	_____
EDP – Software	_____	_____	Broad	Repl. Cost	_____
EDP – Extra Expenses	_____	_____	Broad	Repl. Cost	_____
Included <input type="checkbox"/> Sewer B/U <input type="checkbox"/> Flood <input type="checkbox"/> Earthquake					
Tool Floater	_____	_____			
Equipment Floater	_____	_____	Broad	Repl. Cost	_____
Installation Floater	_____	_____	Broad	Repl. Cost	_____
Transit	_____	_____	Broad	Repl. Cost	_____
Condo unit Assessment	_____	_____			_____
Consequential Loss Assessment	_____	_____			_____

#### CRIME

Inside/Outside ☐ Profits ☐ Gross Earnings  
 Employee Dishonesty – Form A Ordinary Payroll \_\_\_\_\_ Extra Expenses \_\_\_\_\_  
 Money & Securities – Broad Form Rental Income \_\_\_\_\_

#### LIABILITY

☐ CGL ☐ OLT  
 TLL – Broad Form Non-owned Auto \_\_\_\_\_  
 Umbrella \_\_\_\_\_

#### BOILER & MACHINERY

Direct Damage Limit \_\_\_\_\_ Comp \_\_\_\_\_ Repl. Cost \_\_\_\_\_  
☐ Profits ☐ Gross Earnings  
 Extra Expenses \_\_\_\_\_  
 Rental Income \_\_\_\_\_  
 Spoilage/Consequential Loss \_\_\_\_\_

Signature \_\_\_\_\_ Dated \_\_\_\_\_

Print Name \_\_\_\_\_

Do you consent to a credit check? ☐ Yes ☐ No

If yes, please provide Owner's date of birth \_\_\_\_\_

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