

# Property Questionnaire

**Complete One Form Per Location Owned/Operated where Property is to be Insured**

## 1. APPLICANT NAME AND MAILING ADDRESS

	Postal Code:
Phone:	Email:

## 2. LOCATION DETAILS

LOCATION ADDRESS (INCLUDE FULL ADDRESS & POSTAL CODE)	DESCRIPTION OF OPERATIONS AT THIS LOCATION
Postal Code:	

### PROPERTY DESCRIPTION

<input type="checkbox"/> Detached Structure	<input type="checkbox"/> Fire Alarm (Centrally Monitored)	<input type="checkbox"/> Hydrant located within 300m
<input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Strip Plaza	<input type="checkbox"/> Burglar Alarm (Centrally Monitored)	<input type="checkbox"/> Fire Dept. (within 8km)
Number of Stories in Building:	<input type="checkbox"/> Heat Alarm (Centrally Monitored)	<input type="checkbox"/> Fire Dept. (within 13km)
Year Building Built:	<input type="checkbox"/> Location is water-access only	<input type="checkbox"/> Unprotected
Area Occupied (sqft):	Location is Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sprinklered
Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Log <input type="checkbox"/> Post & Beam <input type="checkbox"/> Other:		
Floor Construction: <input type="checkbox"/> Wood Joist <input type="checkbox"/> Steel Deck <input type="checkbox"/> Concrete <input type="checkbox"/> Other		
How often is the location occupied:		Is there a Mortgage on the property: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the location operated: <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonally		How many smoke detectors are in the location:
Is there a Co2 Detector in the Building: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is a fire extinguisher in the location: <input type="checkbox"/> Yes <input type="checkbox"/> No

### AGE AND NATURE OF BUILDING ELEMENTS

Roof: <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Wood Joist <input type="checkbox"/> Steel Deck <input type="checkbox"/> Other:	Age of Roof:
Plumbing: <input type="checkbox"/> Copper <input type="checkbox"/> ABS <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Other:	Year of last update:
Electrical Service: <input type="checkbox"/> 60amp <input type="checkbox"/> 100amp <input type="checkbox"/> 200amp <input type="checkbox"/> Breakers <input type="checkbox"/> Fuse Box	Year of last update:
Electrical Wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other:	
Heating Source: <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Other:	Year of last update:
Auxiliary Heating: <input type="checkbox"/> Woodstove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:	

## 3. LIMITS OF INSURANCE REQUIRED

COVERAGE ITEMS	LIMITS (COST TO COMPLETELY REPLACE)	DETAILS
Building (if owned):	\$	
Leasehold Improvements:	\$	
Office Contents:	\$	
Stock for Sale	\$	
Equipment on Premises:	\$	
Mobile Equipment: <small>(may leave Premises)</small>	\$	
Other Contents/Property:	\$	
Unpowered Watercraft:	\$	
Fine Arts:	\$	

## 4. POWERED WATERCRAFT

Value of Hull:	Value of Motor:	Value of Equipment:
Year/Make/Model/Length of Hull:	Year/Make/Model/HP of Motor:	

## 5. CLAIMS HISTORY

Brief description (including approximate date) of past claims at this location:

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## 6. COMPLETED BY

Name of Authorized Representative of the Insured:	Date Completed:
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**Please attach photos of Property to be Insured as well as the Building/Location**