

**SECTION 1: APPLICANT INFORMATION**

1. Name of Applicant: \_\_\_\_\_
2. Principal(s): \_\_\_\_\_
3. Contact: \_\_\_\_\_
4. Mailing Address of Applicant: \_\_\_\_\_
5. Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
6. Email: \_\_\_\_\_ Website: \_\_\_\_\_
7. Mortgagee/Loss Payee & Address: \_\_\_\_\_
8. Additional Insured & Address: \_\_\_\_\_

**SECTION 2: UNDERWRITING INFORMATION**

1. Please provide a complete description of the operations:  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you the owner or lessee of premises? ☐ Owner ☐ Lessee
3. Number of Years in Business: \_\_\_\_\_
4. Gross Annual Receipts: \_\_\_\_\_
5. Description of Product Sold: \_\_\_\_\_
6. Is this an annual or seasonal operation? ☐ Seasonal ☐ Annual
7. Is the unit mobile or stationary? ☐ Mobile ☐ Stationary
8. Actual Address/Location of where Unit is parked: \_\_\_\_\_
9. Where is the unit parked during off season? \_\_\_\_\_
10. Is coverage required off season? ☐ Yes ☐ No
11. Description of the Unit (including Year, Make, Model and Serial Number):  
\_\_\_\_\_  
\_\_\_\_\_
12. Please include a Picture of the Unit.
13. Is the unit a licensed vehicle/unit? ☐ Yes ☐ No
14. Actual Size of Unit: \_\_\_\_\_
15. Is the unit frame or metal? ☐ Frame ☐ Metal
16. Are hydrants located within 1000 feet? ☐ Yes ☐ No



17. Fire Hall Distance: ☐ Within 7 km ☐ More than 7 km
18. Is the unit self-propelled or towed? ☐ Self-Propelled ☐ Towed
19. Is there any deep fat frying? ☐ Yes ☐ No
20. Is there a WETT automatic extinguishing system in place? ☐ Yes ☐ No
21. Is there a semi-annual maintenance contract in place? ☐ Yes ☐ No
22. Date extinguishing system last serviced: \_\_\_\_\_
23. Is there a Class K fire extinguisher? ☐ Yes ☐ No

### SECTION 3: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_
2. Expiring Premium: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
3. Is the above Insurer offering renewal? ☐ Yes ☐ No

If yes, renewing premium: \_\_\_\_\_

If no, please advise why not: \_\_\_\_\_

4. Are you aware of any incident which may result in a claim against you? ☐ Yes ☐ No

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

5. Claims Experience. Describe all liability losses or incidents paid, or reserved, for the last 5 years (include dates and amounts): \_\_\_\_\_

### SECTION 4: COVERAGES

Coverage	Coverage Required	Limit
Unit (picture required)	<input type="radio"/> Yes <input type="radio"/> No	
Contents	<input type="radio"/> Yes <input type="radio"/> No	
Business Interruption - Profits	<input type="radio"/> Yes <input type="radio"/> No	
Crime	<input type="radio"/> Yes <input type="radio"/> No	
Employee Dishonesty	<input type="radio"/> Yes <input type="radio"/> No	
Commercial General Liability	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> Other \$ _____



## SECTION 5: OTHER INFORMATION

Please provide any other information you feel would assist in the evaluation of your application:

## SECTION 6: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk -Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

## BROKER CONTACT INFORMATION

Agent Name: \_\_\_\_\_

Brokerage Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City / Province: \_\_\_\_\_

Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_

