



GENERAL INSURANCE COMPANY



Insured by

## Office/Clinic Package Insurance Application Form

FULL NAME OF CLINIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DESCRIPTION OF YOUR OPERATION: \_\_\_\_\_

PHONE NO. (Home): \_\_\_\_\_ PHONE NO. (Business): \_\_\_\_\_

FAX NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OWNER: \_\_\_\_\_

HOW LONG HAS THIS OPERATION BEEN IN BUSINESS: \_\_\_\_\_

FORM OF BUSINESS  Individual  Partnership  Corporation or other Organization

## Property Insurance

VALUE OF OFFICE CONTENTS (Including Furniture, Fixtures, EDP Equipment, Software & Stock):  
\_\_\_\_\_

NUMBER OF LAPTOPS: \_\_\_\_\_ VALUE OF LAPTOPS \_\_\_\_\_

DO YOU HAVE A CENTRALLY MONITORED ALARM SYSTEM THAT IS DEDICATED? YES  NO

LOSS PAYEE(S) OTHER THAN INSURED: \_\_\_\_\_

REPLACEMENT COST OF BUILDING (IF BUILDING IS TO BE INSURED): \_\_\_\_\_

***If this is your home, please ensure your home is insured through a homeowners policy.***

AGE: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_ SPRINKLERED: YES  NO

IF THE BUILDING IS MORE THAN 35 YEARS OLD, HAVE THE PLUMBING, WIRING, FURNACE AND ROOF BEEN UPDATED WITHIN THE PAST 10 YEARS: YES  NO

HEATING: \_\_\_\_\_ PLUMBING \_\_\_\_\_ ROOF \_\_\_\_\_ ELECTRICAL \_\_\_\_\_

DISTANCE TO NEAREST FIRE HYDRANT \_\_\_\_\_ FT/METERS

DISTANCE TO THE NEAREST FIREHALL \_\_\_\_\_ KM/MILES

**CONSTRUCTION**

- Walls:  Reinforced Concrete  Hollow Concrete Block  Solid Brick Masonry  
 Brick Veneer  Glass Panel - Metal Frame  Metal Clad – Steel Frame  
 Metal/Vinyl Clad–Wood Frame  Frame Stucco  Log, Rustic

**ROOF CONSTRUCTION**

- Concrete Joist  Steel Deck  Wood Joist  
 Heavy Timbers  Open Steel System, Corrugated Metal, Steel Trusses  
 Open Wood, Corrugated Metal

**FLOOR CONSTRUCTION**

- Reinforced Concrete (fire resistive)  Wood (combustible)  Concrete Pad (non-combustible)

TYPE OF HEATING: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

TYPE OF ELECTRICAL SYSTEM: \_\_\_\_\_ AMPS

- BUILDING TYPE:  Single  Industrial Mall  Enclosed Mall  Retail Strip Plaza  
 Apt Building  Other – specify \_\_\_\_\_

Total area of Building \_\_\_\_\_ sq meters \_\_\_\_\_ sq feet  
 Area occupied by insured \_\_\_\_\_ sq meters \_\_\_\_\_ sq feet

MORTGAGEE(S) IF ANY: \_\_\_\_\_

**Crime**

- IS FINANCIAL STATEMENT PRODUCED EACH YEAR? YES  NO   
 IS IT AUDITED? YES  NO   
 IS A COUNTERSIGNATURE REQUIRED ON ALL CHEQUES: YES  NO   
 HOW MANY EMPLOYEES HANDLE CASH ON A DAILY BASIS: \_\_\_\_\_  
 AMOUNT OF CHEQUES/CASH LEFT OVERNIGHT: \_\_\_\_\_  
 DO YOU CHECK REFERENCES ON EMPLOYEE APPLICATIONS: YES  NO

CURRENT INSURER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

HAS COVERAGE BEEN CANCELLED OR DECLINED IN THE PAST YES  NO   
 PLEASE PROVIDE DETAILS: \_\_\_\_\_

PLEASE PROVIDE DETAILS OF ANY LOSSES FOR THE PAST 3 YEARS:  
 \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION**

I HEREBY DECLARE AND WARRANT that the above statements and particulars are in all respects complete and true, that they are material and that I have not suppressed or misstated any material facts and I agree that this Application Form shall be the basis of the Contract with the Underwriters and deemed part of the insurance coverage issued to me.

NAME OF APPLICANT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_