Please provide all the following information and email to <u>GO.Ontario@nbfc.com</u>

Insured Information:		
Proposed Effective Date:	Registered Business Name:	
Mailing Address:		
City & Province:	Postal Code:	
Insured's Website:		

#### **Operational Activities of the Insured:**

Description of operations (include % of each if multiple operations):

Annual Revenue Breakdown:				
Canadian Revenues				
US Revenues				
Foreign Revenues				
Year Business Established:				
If less than 12 months, indicate business and/or school experience:				
Number of Employees (including owner):	Full-Time	Part-Time		
Is automobile coverage required? (If yes, please submit a standar	d auto application)		Yes	No
History and Claims Information:				
Current Insurer:				
Has the applicant's insurance been cancelled by any insurer durin	g the past 5 years?		Yes	No

**3 Year Loss History:** 

Date of Loss

Type of Loss



**Amount Paid** 

Location Information (if	additional locations, s	ee addendum	)				
Address:							
City & Province:				Postal Code:			
No. of Mortgagees:							
Please provide the follow	wing information with	regard to the	building:				
Fire Resistive	Masonry Non-Com	bustible	Non-Combus	stible			
Masonry	Masonry Veneer		Frame				
Aluminum composite cla	dding panels (ACM) o	r Exterior Insul	ation Finishing Syster	n (EIFS)			%
Number of Stories:			Burglar Alarm?	None	Monitored	Local	
Year Built:		_	Sprinklers?	Yes	No		
If building is more than	45 years old, please p	rovide the yea	r of the following up	dates:			
Plumbing:		Roof:		Electrical:			
Total building area:		square feet					
Building Limit:	Contents Limit: Prope			Proper	roperty Deductible:		
Coverage Details							
CGL (Occurrence) Limit:							
Other coverages require	d including limits:						

\*\*\*Depending upon information provided above, this risk may be ineligible for our Small Business product. Please note if this is the case, your application may be reviewed by our Mid-Market team.

#### **Privacy Disclosure and Consent**

The undersigned, on behalf of the insured organization, declares that it has obtained the necessary consent for the collection, use and disclosure by the Insurer of any personal information provided above or in connection with this application or any renewal or change in coverage, for the purposes of offering and providing products and services to meet the insured organization's needs, assessing and underwriting risks on a prudent basis, determining insurance product prices, investigating and settling claims, detecting and preventing fraud or other illegal activities, analyzing business results and compiling statistics, reporting to regulatory or industry entities, and acting as required or authorized by law.

Date:	Signature:
Print Name with Official Title:	
Agent/Broker:	



Additional Locations A	ddendum						
Location 2:							
Address:							
City & Province:				Postal Code:			
No. of Mortgagees:							
Please provide the fol	owing information with	regard to the	building:				
Fire Resistive	Masonry Non-Combu	ustible	Non-Combu	stible			
Masonry	Masonry Veneer		Frame				
Aluminum composite c	ladding panels (ACM) or	r Exterior Insul	ation Finishing Syste	m (EIFS)			%
Number of Stories:			Burglar Alarm?	None	Monitored	Local	
Year Built:		_	Sprinklers?	Yes	No		
If building is more tha	n 45 years old, please pi	rovide the yea	r of the following up	odates:			
Plumbing:		Roof:		Electrical:			
Total building area:		square feet					
Building Limit:		- Contents Lim	nit:				
Location 3: Address:							
City & Province:				Postal Code:			
No. of Mortgagees:							
Please provide the fol	owing information with	regard to the	building:				
Fire Resistive	Masonry Non-Combu	ustible	Non-Combu	istible			
Masonry	Masonry Veneer		Frame				
Aluminum composite c	ladding panels (ACM) or	r Exterior Insul	ation Finishing Syste	m (EIFS)			%
Number of Stories:			Burglar Alarm?	None	Monitored	Local	
Year Built:		_	Sprinklers?	Yes	No		
If building is more tha	n 45 years old, please pi	rovide the yea	r of the following up	odates:			
Plumbing:		Roof:		Electrical:			
Total building area:		square feet					
Building Limit:		Contents Lim	nit:				
		_					



Additional Locations A	ddendum (continued)						
Location 4:							
Address:							
City & Province:				Postal Code:			
No. of Mortgagees:							
Please provide the foll	owing information with	regard to the	building:				
Fire Resistive	Masonry Non-Comb	ustible	Non-Combu	stible			
Masonry	Masonry Veneer		Frame				
Aluminum composite c	ladding panels (ACM) o	r Exterior Insula	ation Finishing Syste	m (EIFS)			%
Number of Stories:			Burglar Alarm?	None	Monitored	Local	
Year Built:		_	Sprinklers?	Yes	No		
If building is more that	n 45 years old, please p	rovide the yea	r of the following up	dates:			
Plumbing:		Roof:		Electrical:			
Total building area:		square feet					
Building Limit:		Contents Lim	nit:				
Location 5:							
Address:							
City & Province:				Postal Code:			
No. of Mortgagees:							
Please provide the foll	owing information with	regard to the	buildina:				
Fire Resistive	- Masonry Non-Comb	ustible	- Non-Combu	stible			
Masonry	Masonry Veneer		Frame				
Aluminum composite c	ladding panels (ACM) o	r Exterior Insula	ation Finishing Syste	m (EIFS)			%
Number of Stories:			Burglar Alarm?	None	Monitored	Local	
Year Built:		_	Sprinklers?	Yes	No		
If building is more that	n 45 years old, please p	rovide the yea	r of the following up	dates:			
Plumbing:		Roof:		Electrical:			
Total building area:		square feet					_
Building Limit:		Contents Lim	nit:				
		_					



Additional Locations A	ddendum (continued)						
Location 6:							
Address:							
City & Province:				Postal Code:			
No. of Mortgagees:							
Please provide the foll	owing information with	regard to the	building:				
Fire Resistive	Masonry Non-Comb	ustible	Non-Combu	stible			
Masonry	Masonry Veneer		Frame				
Aluminum composite c	ladding panels (ACM) o	r Exterior Insula	ation Finishing Syste	m (EIFS)			%
Number of Stories:			Burglar Alarm?	None	Monitored	Local	
Year Built:		_	Sprinklers?	Yes	No		
If building is more that	n 45 years old, please p	rovide the yea	r of the following up	dates:			
Plumbing:		Roof:		Electrical:			
Total building area:		square feet					
Building Limit:		Contents Lim	nit:				
Location 7:							
Address:							
City & Province:				Postal Code:			
No. of Mortgagees:							
Please provide the foll	owing information with	regard to the	building:				
Fire Resistive	Masonry Non-Comb	ustible	Non-Combu	stible			
Masonry	Masonry Veneer		Frame				
Aluminum composite c	ladding panels (ACM) o	r Exterior Insula	ation Finishing Syste	m (EIFS)			%
Number of Stories:			Burglar Alarm?	None	Monitored	Local	
Year Built:		_	Sprinklers?	Yes	No		
If building is more that	n 45 years old, please p	rovide the yea	r of the following up	dates:			
Plumbing:		Roof:		Electrical:			
Total building area:		square feet					
Building Limit:		– Contents Lim	nit:				
		_					



Additional Locations A	ddendum (continued)						
Location 8:							
Address:							
City & Province:				Postal Code:			
No. of Mortgagees:							
Please provide the fol	owing information with	n regard to the	building:				
Fire Resistive	Masonry Non-Comb	ustible	Non-Combu	stible			
Masonry	Masonry Veneer		Frame				
Aluminum composite o	ladding panels (ACM) c	or Exterior Insul	ation Finishing Syste	m (EIFS)			%
Number of Stories:			Burglar Alarm?	None	Monitored	Local	
Year Built:		_	Sprinklers?	Yes	No		
If building is more tha	n 45 years old, please p	provide the yea	r of the following up	odates:			
Plumbing:		Roof:		Electrical:			
Total building area:		square feet					
Building Limit:		Contents Lin	nit:				
Location 9:							
Address:							
City & Province:				Postal Code:			
No. of Mortgagees:							
Please provide the fol	owing information with	regard to the	building:				
	Masonry Non-Comb			istible			
Masonry	Masonry Veneer		Frame				
Aluminum composite c	ladding panels (ACM) c	or Exterior Insul	ation Finishing Syste	m (EIFS)			%
Number of Stories:			Burglar Alarm?	None	Monitored	Local	
Year Built:		_	Sprinklers?	Yes	No		
If building is more tha	n 45 years old, please p	provide the yea	r of the following up	odates:			
Plumbing:		Roof:		Electrical:			
Total building area:		square feet					
Building Limit:		– Contents Lin	nit:				
		_					

