



CARRIER:

United States Liability Insurance Company

Premises Preferred Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): _____

Applicant's web address: _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Form of business: Individual Corporation Partnership LLC Trust Other _____

Description of Operations:

1. How many years has the applicant been in business? _____
 2. How many years has the applicant been at the current location? _____
 3. What are the annual sales including those of any parent and/or subsidiary companies? \$ _____
 4. What is the square footage of the applicant's premises? _____ sq. ft.
 5. Does the applicant have a stable or farm operation? Yes No
 6. Does the applicant provide any artisan or general contracting services? Yes No
- If "Yes," please provide full description of operations: _____

7. Have there been any losses/claims in the last three years? Yes No

If "Yes," please complete loss information in section II

Property Section

Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Noncombustible <input type="checkbox"/> Fire resistive				
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central station <input type="checkbox"/> None
What year was the building constructed? _____				
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____				
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Metal <input type="checkbox"/> Wood shake <input type="checkbox"/> Tile <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____				
What is the age of the roof? _____ years				
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft.				
Building Limit: \$ _____		Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
Business Personal Property Limit: \$ _____		Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
Business Income Limit: \$ _____		Coinsurance _____ or Monthly Limit of Indemnity		
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6		

Liability Section

8. Occurrence limit: \$1 million/\$2 million \$2 million/\$2 million \$2 million/\$5 million
 \$3 million/\$3 million \$4 million/\$4 million \$5 million/\$5 million

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. LOSS INFORMATION FOR THE PAST THREE YEARS

Provide the following information on each claim:

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on a separate sheet

III. ELIGIBILITY CRITERIA

9. Are there any past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually in the past five years? Yes No
10. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No
 If "Yes," advise reason: _____
11. Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? Yes No
12. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? Yes No
13. Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? Yes No

IV. COMPLETE APPLICABLE SECTIONS FOR ADDITIONAL OPERATIONS:

Automobile Repair or Service Shops:

14. Does the applicant's operation include a tire store, paint shop (only), automobile upholstery shop, tire re-treading/recapping and/or auto rustproofing? Yes No
15. Does the applicant distribute, sell or fill Liquefied Petroleum Gas (LPG/Propane)? Yes No
Tank exchanges that are not filled on premises are acceptable.
16. Are all flammables stored in a fire resistive cabinet? Yes No

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____

(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)