

HEALTHCARE PROPERTY, EQUIPMENT BREAKDOWN AND CRIME INSURANCE APPLICATION FORM

SECTION 1 – GENERAL INFORMATION

Applicant (Legal Entity Name):

Mailing Address:

Contact:

Telephone:

Fax:

Email:

SECTION 2 – PROPERTY (STATEMENT OF VALUES) AND EQUIPMENT BREAKDOWN INSURANCE (if more than three locations, please attached a separate sheet – copy this page to add the additional information)

Location No.	Risk Address
1.	
2.	
3.	

Building Construction and Risk Details

Location No.	Occupancy	Year built	No. of stories	Area (sq ft)	Heating Source 1. Hot Water 2. Gas 3. Oil 4. Other (Specify)	Air Conditioning (Y/N)	Emergency Power (Y/N)	Boiler/ Processing Vessels that requires certificate (Y/N)	Exterior Walls 1. Brick, Concrete, Stone 2. Frame 3. Brick Veneer 4. Others (specify)	Roof 1. Wood 2. Steel Deck 3. Concrete on steel 4. Protected steel 5. Concrete	Roof Surface 1. Tar /Gravel 2. Asphalt Shingles 3. Metal	Floor 1. Concrete 2. Wood 3. Others (specify)
1.												
2.												
3.												

Protection

Updates

Location No.	Sprinkler System (Y/N) if yes, what is the %	ULC Automatic Fire Extinguishing system (Y/N)	Fire & Burglar Alarm (Y/N) 1. Monitored 2. Local 3. None	Fire Hydrant within 500 ft. (Y/N)	Adjacent exposure occupancies	Distance from Fire Hall (Km)	Heating	Plumbing / Type	Electrical / Type	Roof	Others
1.											
2.											
3.											

Coverage

Location No.	Building	Contents	Equipment	Stock	Personal Property of Others	Tenants Improvements & Betterments	Business Interruption	Total Insurable Value	Mortgagees and Loss Payees Information
1.									
2.									
3.									

SIGNATURE

I hereby certify that the values given herein represent to the best of my knowledge and belief the cost of replacement of the property described which is to be insured on a replacement cost basis.

Signature:

Date (mm/dd/yyyy):

Name (please print):

Position:

BUSINESS INTERRUPTION WORK SHEET

Insured:

Date (mm/dd/yyyy):

Location Address:

CONTINUING CHARGES AND EXPENSES, that is all charges and expenses which would NOT reduce proportionately with the reduction in sales or turnover. Many expenses which could be discontinued during a long shut down would not be reduced during a short or partial shutdown. They should therefore be included to obtain full protection for a partial loss. Be sure the estimated amount for twelve months is inserted against each item applicable to the business.

		Actual Values for Year Ended 20_____	Estimated Values for Year Ending 20_____
1.	Advertising/Rebates	\$	\$
2.	Auditors' of Professional Fees	\$	\$
3.	Agency Contracts and Expense – consulting	\$	\$
4.	Branch of Local Offices Expense	\$	\$
5.	Buying Expense	\$	\$
6.	Commissions paid or payable on orders which Insured could not fill	\$	\$
7.	Delivery service under contract	\$	\$
8.	Depreciation – Amortization of Lump Sum	\$	\$
9.	Director's Fees and remuneration (avoid overlap with salaries – item	\$	\$
10.	Donations	\$	\$
11.	Heating – Gas	\$	\$
12.	Water	\$	\$
13.	Electricity	\$	\$
14.	Pumping and Ventilation	\$	\$
15.	Interest on debenture, bonds, mortgages, loans, bank overdrafts and	\$	\$
16.	Insurance Premiums - Life, Accident and Group and Pension Fund	\$	\$
17.	Legal and other professional retainers	\$	\$
18.	Printing, Stationary, Postage and Telegrams	\$	\$
19.	Rents	\$	\$
20.	Royalties (if payable whether operating or not)	\$	\$
21.	Salaries and Wages	\$	\$
	(a) Officers, Executive, office staff and all other salaried employees	\$	\$
	(b) Skilled and key employees paid on hourly basis who would be	\$	\$
	(c) Workmen's Compensation Assessment on above	\$	\$
	(d) Pensions and/or Annuities being paid by Insured	\$	\$
22.	Subscriptions to trade and credit organizations	\$	\$
23.	Telephone and all other Service Contracts	\$	\$
24.	Taxes - Municipal	\$	\$
25.	Travelling Expenses	\$	\$
26.	Upkeep of Motor Vehicles	\$	\$
27.	Other continuing charges and expenses	\$	\$
A.	TOTAL of Charges & Expenses, Nos. 1 to 27	\$	\$
B.	PROFIT - estimate for twelve months BEFORE deducting provision for Income and Excess Profits Taxes	\$	\$
	TOTAL OF A AND B IS AMOUNT OF INSURANCE REQUIRED	\$	\$

- i) NOTE: If business is increasing allow margin in Profit estimate for possible Increase. Do the Same with Continuing Charges and Expenses. Keep in mind loss adjustments are based on estimated figures for 12 months from date of loss. When business is increasing the above figures should be reviewed at least every 6 months and insurance adjusted if necessary.
- ii) All other employees who are not covered under #23 above, may be covered on a short term basis of 60, 90 or 180 days through the use of a separate "Ordinary Payroll Extension" Endorsement.

SECTION 3 – CRIME INSURANCE

Please provide the number of employees (Class A):

Note: Class A Employees are staff who have access to cash, cheques and securities in their job function.

Are countersignatures required on all cheques? ☐ Yes ☐ No

If No, please explain Cheque Signing procedure:

Is a cheque-signing machine used? ☐ Yes ☐ No

Is there control over blank cheques? ☐ Yes ☐ No

Are cheques pre-numbered and accounted for? ☐ Yes ☐ No

Are blank cheques locked up? ☐ Yes ☐ No

Are bank accounts reconciled by someone not authorized to deposit or withdraw? ☐ Yes ☐ No

Is an annual audit conducted by an outside agent? ☐ Yes ☐ No

If yes, specify:

Usual maximum amount of cash on premises: \$

Number of employees/volunteers who would, as part of their function, visit clients in their homes:

Do you have a Safe? ☐ Yes ☐ No

If yes to the above:

Is it a Class 1 safe (Iron/steel, any thickness; combination lock)? ☐ Yes ☐ No

Is it a Class 2 safe (TL-15 UL label on the door or frame of the safe)? ☐ Yes ☐ No

Please indicate the Limits of Coverage requested:

Employee Dishonesty – Form A	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
Money Orders & Counterfeit Paper Currency	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
Depositors Forgery	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
Credit Card Forgery	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
Computer Theft & Funds Transfer Fraud	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
Loss Inside/Outside the Premises	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
Third Party Bonding	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

SECTION 4 – CLAIMS EXPERIENCE

Have you ever had a claim against your Crime, Property and Equipment Breakdown insurance policies? ☐ Yes ☐ No

If yes, please provide loss information on the space provided below:

Date of Loss	Coverage	Description	Amount Paid
			\$
			\$

Has your organization ever been denied insurance coverage? ☐ Yes ☐ No

If yes, please state reasons.

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from AllMed Underwriting Services (AMU), a customer provides AMU with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the analysis of business results;
- the detection and prevention of fraud;
- the evaluation of claims;
- the underwriting of policies;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to AMU and any affiliated companies and service providers. Further information about AMU personal information protection policy may be obtained by contacting their privacy officer at 204-925-8268.

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts. It is further agreed by the undersigned that each policy or renewal thereof, if issued, is issued in reliance upon the truth of the representations and information in this Application. If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer and the Insurer may modify or withdraw any quotation or agreement to bind or modify insurance.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

Any person who knowingly or with intent to defraud or to facilitate a fraud against any insurance company or other person submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.

IMPORTANT: THE APPLICANT MUST SIGN THIS APPLICATION. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

QUEBEC AND NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNATURE

Signature of Authorized Representative:	Date (mm/dd/yyyy):
Name (please print):	Title/Position: