



FLORISTSPAK

(For Canadian Florists conducting business in Canada only)

Application

Brokerage Information:

Office:	SOUND INSURANCE SERVICES INC.
Producer:	ANNA & ANTHONY COLANDREA

Marketing Information

Date Submitted:	
Date Required:	

Client Information:

Company Name:			
Affiliate Companies:			
Contact Name:		Position:	
Phone:		Web Site:	
Fax:		E-mail:	

Postal Address:

Address:			
City:		Province:	
Postal Code:		Country:	Canada

Risk Locations - as above only:

Location # 1	
Location # 2	
Location # 3	

Business Operations:

Description of operations:

Coverage Required:

Property
 Crime
 Equipment Breakdown
 Liability
 Umbrella Liability
 Auto Fleet
 Other_____

Claims Information [last 5 years]:

Loss Date	Type	Description	Paid	Reserve

Previous Policy Information:

Insurer:		Policy #:		
Broker:		Previous Term:	From: <input style="width: 100px;" type="text"/>	To: <input style="width: 100px;" type="text"/>

Location Information:

General:

Location number: How long at this location:
 Address:

Risk Information:

Housekeeping:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Does applicant own building:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Leased		
Snow removal contract in place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Construction:

Stories: Year Built: Occupancy by Insured: %
 Occupancy of Others: %
 Area (total, all floors sq. ft.): Area (1st floor sq. ft.): Sq. ft. occupied by insured:

Walls:	<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Solid Brick	<input type="checkbox"/> Masonry veneer	<input type="checkbox"/> Frame & all others	
Roof:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel deck	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Other		
Floors:	<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Frame & all others			
Basement:	<input type="checkbox"/> Poured Concrete	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> No basement			
Electrical:	<input type="checkbox"/> Breakers	<input type="checkbox"/> Fuses	<input type="checkbox"/> Breakers & fuses			
Plumbing:	<input type="checkbox"/> Copper	<input type="checkbox"/> Lead	<input type="checkbox"/> Plastic (PVC or CVS)	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Steel	<input type="checkbox"/> Stainless steel
Heating:	<input type="checkbox"/> Forced Air Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Hot Water Boiler	<input type="checkbox"/> Radiant	<input type="checkbox"/> Space heater	
Fuel:	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Propane	<input type="checkbox"/> Steam		
	<input type="checkbox"/> Wood	<input type="checkbox"/> Other describe				

Fire Protection:

Hydrants: Unprotected Within 150m Within 300m Over 300m
 Fire Department: Within 5k Within 8k Within 13k Over 13k
 Extinguishing System Type: Portable Extinguisher(s) No.: Date Last Inspected:
 Sprinkler (Central) Sprinkler (Local) Other (describe)
 Extinguishing Agent Type: Water Chemical Carbon dioxide Foam
 Halon Dry Chemical * Automatic CO2 *
 * For Dry Chemical or CO₂ Systems: Servicing Company: Date of Last Inspection:

Alarm Information:

Fire Alarm:	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local	<input type="checkbox"/> None
Burglar Alarm:	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local	<input type="checkbox"/> None
Monitored By:	<input type="checkbox"/> Name of System: <input type="text"/>		
Motion Detectors:	<input type="checkbox"/> Yes #:	Telephone Line Security (Dedicated Line)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No		
Cooler Temperature Alarm:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Updates [if building older than 20 years]:

<input type="checkbox"/> None known:		
<input type="checkbox"/> Electrical:	Year:	
<input type="checkbox"/> Plumbing:	Year:	
<input type="checkbox"/> Heating:	Year:	
<input type="checkbox"/> Roof:	Year:	

PROPERTY	Limit Loc # 1	Limit Loc # 2	Limit Loc # 3	Limit Loc # 4	Limit Loc # 5
**** DEDUCTIBLE -----> \$					
<input type="checkbox"/> Building					
<input type="checkbox"/> Stock					
<input type="checkbox"/> Equipment					

Liability Information:

In business since: # of employees: full time: part time: Covered by WSIB

Annual gross receipts:	
Annual Payroll:	
% Internet Sales:	

Any direct importing of goods outside of Canada and the U.S.A.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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LIABILITY
<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> \$2,000,000
<input type="checkbox"/> \$3,000,000

ERRORS & OMISSIONS (PROFESSIONAL LIABILITY)
<input type="checkbox"/> \$ 500,000
<input type="checkbox"/> \$1,000,000

Loss Payees or Additional Insureds:

Group Accident for Employees [Optional]:

	Limit	Premium Per Employee
Option 1	\$ 25,000	\$ 55.00
Option 2	\$ 50,000	\$110.00
Option 3	\$ 75,000	\$165.00
Option 4	\$100,000	\$220.00

Number of employees:	Option:
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