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Policy period: From	To	Exclusively 12:01 A.M. standard time at the address of the
Name of applicant: store #	o/a Hasty Market	Telephone no Cell no
Store Owner		

Experience of Applicant (If more than Two claims, please use the 'Comments' section below)

Number of years in Business: _____ Years of Experience (In this field): _____ Has the Applicant had any losses in the past 3 years: Yes No

If yes, Date: _____ Cause: _____ Amounts paid including Expenses: \$ _____

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Has any Insurer cancelled or refused coverage in the last 3 years? Yes No If yes, specify: _____

Current Insurer: _____ Policy Number: _____

Location No same as mailing address (If different, please use the 'Comments' section below)

Risk address _____ Postal code _____

Building Construction and Renovation Details

Year built: _____ Number of Storey: _____ Total space you occupy? _____ ft²

Complete Renovation Upgrades: Electricity Year _____ Plumbing Year _____ Heating Year _____ Roof Year _____

Building Construction: Fire resistive: % Masonry non-combustible: % Non-combustible: % Masonry: % Brick veneer: %
 Frame/other: %

Main heating system: Electric Central hot air (gas/oil) Central water/steam (gas/oil) Other _____

Additional heating: Yes No If yes, describe system: _____

Fire Protection

Fire hydrant within 1,000ft (305m): Yes No Fire Hall within 8 km: Yes No Fire alarm: Yes No

Connected to a monitoring station: Yes No Portable extinguishers: Yes No Automatic sprinklers: Yes No

Operation (occupancy)

Applicant Variety Store	Occupancy %
Other occupancies (specify) Post office, Cooking, etc....	Occupancy %

Exposure (adjacent risks) within 75 ft (23 m): None

	LEFT	RIGHT	FRONT	BACK
Occupancy				
Distance				

Burglar Protection

Alarm installation: Yes No Protection: Partial Complete Local Connected to a monitoring station

Is this store open 24 hours: Yes No Bars on Windows Yes No Video Cameras Yes No

Liability

Total receipts: \$ _____ Number of employees: _____

Is tobacco Protected by a wrap around cage? Yes No
 Any Food Preparation other than Baking and Warming: Yes No

Comments: _____

Applicant signature	Date
Broker Signature	Date

HASTY SUMMARY OF COVERAGE				
Select Coverage Option: <input type="checkbox"/> Hasty Basic <input type="checkbox"/> Hasty Plus	Co-Ins	Deductible	Amount	Optional Amount
Property				
Building (replacement cost included)		\$1,000		
Contents (replacement cost included)		\$1,000		
Temporary location (not owned or rented by the Insured)		\$1,000	10,000	
Business interruption: <input type="checkbox"/> Actual loss sustained <input type="checkbox"/>				
Rents / Broad form <input type="checkbox"/> Profits / Broad form <input type="checkbox"/>		\$1,000		
Extensions of Coverage				
Hasty Plus Option: Amounts identified with a * are increased to \$25,000 and include legal provisions				
Property in the care of Sales Representatives		\$1,000	* 10,000	
Accounts receivable		\$1,000	* 10,000	
Valuable papers and records		\$1,000	* 10,000	
Signs		\$1,000	* 10,000	
Land and water pollution clean up		\$1,000	* 10,000	
Fire department service charge		\$1,000	* 10,000	
Extra expense		\$1,000	* 10,000	
Professional fees		\$1,000	* 10,000	
Off premises service interruption		\$1,000	* 10,000	
Office computers		\$1,000	* 10,000	
Sewer backup (Min \$2,500 deductible)		\$2,500	* 10,000	
Flood			Please Select	
Earthquake			Please Select	
Comprehensive Dishonesty, Disappearance and Destruction				
Hasty Plus Option: Limit is increased to \$10,000				
Employee dishonesty: Form A Specify: total number of employees: _____ Number of employees handling money: _____		\$1,000	* 5,000	
Loss inside the premises (Money, Securities Broadform)		\$1,000	* 5,000	
Loss outside the premises (Money, Securities Broadform)		\$1,000	* 5,000	
Money orders and counterfeit paper currency		\$1,000	* 5,000	
Depositors forgery		\$1,000	* 5,000	
Commercial General Liability (If multiple operations, please specify the receipts per operation in the 'Additional Information' section)		\$1,000	\$2,000,000 liability automatically included unless changed.	
Personal injury and property damage <i>each occurrence</i>		\$1,000	\$2,000,000	Please Select
Products / completed operations <i>aggregate limit</i>		\$1,000	\$2,000,000	Please Select
Advertising liability <i>any one person</i>		\$1,000	Max 1,000,000	N/A
Medical expenses <i>any one person</i>		\$1,000	Max 25,000	N/A
Tenant's legal liability <i>any one location</i>		\$1,000	Min 500,000	
Non-owned automobile liability <i>each occurrence</i>		\$1,000	\$2,000,000	Please Select
Employee benefit programs liability		\$1,000	Max 1,000,000	N/A
Boiler and Machinery – Automatically Included				
		\$1,000	Option 3 Included	
Tobacco Coverage				
		\$1,000	\$10,000	Please Select