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HERABIST COMMERCIAL OFFICE INSURANCE APPLICATION

Full name of clinic: _____

Address: _____

Phone No. (Home): _____ Phone No. (Business): _____

Fax No: _____ E-mail: _____

Owner: _____

How long has this operation been in business?: _____

Form of Business Individual Partnership Corporation or other Organization

PROPERTY INSURANCE

Value of office contents (Including Furniture, Fixtures, EDP Equipment, Software & Stock):

Number of laptops: _____ Value of laptops: _____

Do you have a centrally monitored alarm system that is dedicated? YES NO

Loss payee(s) other than insured _____

Replacement cost of building (if building is to be insured): _____
If this is your home, please ensure your home is insured through a homeowners policy.

Age: _____ NO. of story's: _____ Sprinklered: YES NO

If the building is more than 40 years old, have the plumbing wiring, furnace and roof been updated within the past 10 years?
 YES NO

COMMERCIAL OFFICE APPLICATION FORM

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CONSTRUCTION

- Walls: [] Reinforced Concrete [] Hollow Concrete Block [] Solid Brick Masonry
[] Brick Veneer [] Glass Panel - Metal Frame [] Metal Clad - Steel Frame
[] Metal/Vinyl Clad-Wood Frame [] Frame Stucco [] Log, Rustic

ROOF CONSTRUCTION

- [] Concrete Joist [] Steel Deck [] Wood Joist
[] Heavy Timbers [] Open Steel System, Corrugated Metal, Steel Trusses
[] Open Wood, Corrugated Metal

FLOOR CONSTRUCTION

- [] Reinforced Concrete (fire resistive) [] Wood (combustible) [] Concrete Pad (non-combustible)

TYPE OF HEATING: Primary _____ Secondary _____

- BUILDING TYPE: [] Single [] Industrial Mall [] Enclosed Mall [] Retail Strip Plaza
[] Apt Building [] Other - specify _____

Total area of Building _____ sq meters _____ sq feet
Area occupied by Insured _____ sq meters _____ sq feet

Mortgagee(s) if any: _____

CRIME

- Is financial statement produced each year? YES [] NO []
Is it audited? YES [] NO []
Is a countersignature required on all cheques? YES [] NO []
How many employees handle cash on a daily basis? _____
Amount of cash/cheques left on premises overnight? _____
Do you check references on employee applications? YES [] NO []

COMMERCIAL GENERAL LIABILITY

Limit requested? \$2 million [] \$3 million (additional premium) []

Number of naturopathic doctors in the clinic? _____
Name _____ License Number _____
Name _____ License Number _____
Name _____ License Number _____
Name _____ License Number _____
Name _____ License Number _____

COMMERCIAL OFFICE APPLICATION FORM

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Description of operation: _____

Do you provide services that are not part of the standard curriculum at an accredited naturopathic college? YES NO

IF YES, DESCRIBE, AND PROVIDE ADDITIONAL LICENSE NUMBER IF REQUIRED TO PROVIDE SERVICE:

Service _____	License Number _____
Service _____	License Number _____
Service _____	License Number _____
Service _____	License Number _____
Service _____	License Number _____

INSURANCE INFO

Current Insurer: _____

Policy Number: _____ Expiry date: _____

Has coverage been cancelled or declined in the past? YES NO

IF YES, PLEASE PROVIDE DETAILS: _____

Please provide details of any losses within the past 3 years:

DECLARATION

I HEREBY DECLARE AND WARRANT that the above statements and particulars are in all respects complete and true, that they are material and that I have not suppressed or misstated any material facts and I agree that this Application Form shall be the basis of the Contract with the Underwriters and deemed part of the insurance coverage issued to me.

Name of Applicant: _____

Signature: _____

Date: _____