

Details for physical protection for all windows, doors and other openings:

## VICTOR PROPERTY & CRIME INSURANCE APPLICATION

Insurance Bro	oker:										
Broker Contac	ct Name:										
Location #:											
Name of Insu	red:										
Street:								Suite:			
City:						Pro	vince:	Postal Code:			
Constructio				on			Public Protection				
<ul> <li>□ 1. Fire Resistive</li> <li>□ 2. Non-Combustible with Masonry</li> <li>□ 3. Non-Combustible with Non-Mas</li> <li>□ 4. Masonry</li> <li>□ 5. Masonry Veneer</li> <li>□ 6. Frame and all Other</li> </ul>						<ul> <li>☐ Less than 305 meters (1,000 feet) to a hydrant</li> <li>☐ Greater than 305 meters (1,000 feet) to a hydrant, but less than 8 kilometers (5 miles) to a fire hall</li> <li>☐ Greater than 8 kilometers (5 miles) to a fire hall.</li> <li>Percentage of building Sprinklered:</li> </ul>					
Please descri	be what is	s located or	n either side, i	n front and be	hind the buildin	g you	occupy:				
Front Occupa	incy		Construction (1-6			)		Distance	(Mete	rs)	
Behind Occup	oancy		Construction (1-6)			)		Distance	(Mete	rs)	
Left Occupan	су		Construction (1-6)			)		Distance	(Mete	rs)	
Right Occupa	incy			Co	onstruction (1-6	)		Distance	(Mete	rs)	
Occupancy (c	other than	by client)									
Year Built:						_ Hov	v many mor	tgages are on this property?			
If built before	1965 indi	cate the lat	est year each	of the following	ng systems was	"com	pletely" upd	ated:			
Roof		Plumbing _		Sprinklers _		Heat	ing	Electrical	Air Conditioning		
Building Type:  High F Heat: Forced Air Conditioning:				Mall	☐ Strip Plaza ☐ Stand Alone ☐ Electric ☐ Oil ☐ Central Air ☐ Roof Top		☐ Oil	☐ Other ☐ Other ☐ Other			
Total no. of st	toreys:		No. of units / suites		its /	Total square meters (ground floor) of building:		ters (ground floor) of			
No. of storeys	s you occu	іру:				Total	square me	ters you occupy:			
List all losse	s within	the last fiv	ve years (Pro	operty and C	rime):						
Date	Amou	unt Paid	Amount O	utstanding	Deductible	Des	scription		Insured  Yes No Yes No Yes No		
Local I			arm Protection Burglar Alarm Please Describe			☐ ULC Approved Monitoring System ☐ ULC Approved Central Station					

e describe:												
ours:												
\$1,000	<b>\$2,500</b>	\$5,000										
Automatic <b>NIL</b>	Total Limit Required											
Automatic \$50,000	Total Limit Required											
Form Automatic \$5,000	Total Limit Required											
*Attach schedule including Make, Serial Number and Value of each item if higher limits are required.												
Г	\$1 000	S5,000										
Deductible (property extensions)* \( \bigcup \\$1,000 \\ \bigcup \\$2,500 \\ \bigcup \\$5,000 \\ \bigcup \\$5,000												
	\$40,000 \$45,00	0										
	Automatic	Total Limit Required										
	\$50,000											
	\$50,000											
	\$50,000											
\$1,000	\$2,500	\$5,000										
Equipment Breakdown Deductible \$1,000 \$2,500 \$5,000  Business Income Indemnity Period: 12 months 18 months 24 months												
Crime												
	\$5,000 (Automatic) Optional	al Limit  \$10,000										
I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application for insurance or a renewal, extension or variation thereof by Aviva for business purposes.												
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Pr	eition:											
<u>'</u> ')												
Da	ate:											
	ation provided above. I authorize or a renewal, extension or variate or a renewal or a	\$1,000   \$2,500     Automatic NIL   Total Limit Required     Automatic \$50,000   Total Limit Required     Form   Automatic \$5,000   Total Limit Required     Automatic \$1,000   \$1,000   \$2,500     S1,000   \$40,000   \$45,000     Automatic   \$50,000   \$50,000     \$50,000   \$50,000   \$50,000     \$1,000   \$2,500     18 months   24 months     S5,000 (Automatic)   Optional     Automatic   \$50,000   \$1,000   \$2,500     S5,000   \$2,500   \$2,500     S5,000   S50,000   \$2,500     S5,000   S50,000   \$2,500     S5,000   S50,000   S50,000   S50,000     S50,000   S50,000   S50,000   S50,000     S50,000   S50,000   S50,000   S50,000   S50,000     S50,000   S50,0										

Please direct all applications by: Fax: 613-786-2001 or Email: submitapps.ca@victorinsurance.com