



Intact Insurance Company
Niche Products – Toronto Branch

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Cope Application

(Please answer all questions)

Date:	Broker:	Phone:	Fax:
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Applicant:

Mailing Address (Number-Street-City or Post Office-County-Province, Postal Code):

Risk Address:

Name and Address of Mortgagees:

Occupancy by Applicant:

Occupancy by Others:

If vacant how long has building been empty? <i>Please complete Vacancy Questionnaire</i>	Is this new business to your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How long has Applicant been in this business? _____ Years	At this location? _____ Years
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Information on risk obtained by: Visit to risk by broker Other:

Has Applicant: been cancelled or refused insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Had gaps in coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes to either question, comments:

Present Insurer & Policy No.:	Expiry Date:
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Offering Renewal: Yes No If No, explain:

Provide Five Years All Lines Loss Experience (*attach detailed List*):

Date	Carrier & Policy No.	Paid/Reserved	Type of Loss	Action Taken to Prevent Re-Occurrence

Comments on financial status:

Housekeeping condition:

Description of product operation:

List all off-premises exposures & activities:	Receipts: \$
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General comments:

Rating Questionnaire

Construction Details:

Building	Year Built:	<input type="checkbox"/> Detached	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Row		
Walls	<input type="checkbox"/> Solid brick	<input type="checkbox"/> Masonry	<input type="checkbox"/> Brick veneer	<input type="checkbox"/> Concrete block	<input type="checkbox"/> Metal clad	<input type="checkbox"/> Wood
	<input type="checkbox"/> Other material	<input type="checkbox"/> Mixed:	% Masonry:		Frame:	
Roof	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other:		
Floors	A) Grade:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	B) Additional Floor(s):		
Height	# Storeys:	storeys	Basement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Area (sq. ft.)	Each Floor					

If constructed prior to 1980 has the electrical, plumbing, roof and heating been replaced/updated? Please be specific and indicate % and date:

a) Electrical:	Updated	Date	Replaced	When
Knob & Tube:	<input type="checkbox"/> Yes <input type="checkbox"/> No		%	
Conduit:	<input type="checkbox"/> Yes <input type="checkbox"/> No		%	
Loomex/Romex:	<input type="checkbox"/> Yes <input type="checkbox"/> No		%	
Aluminum:	<input type="checkbox"/> Yes <input type="checkbox"/> No		%	
Circuit Breakers:	<input type="checkbox"/> Yes <input type="checkbox"/> No		%	
Ordinary Fuses:	<input type="checkbox"/> Yes <input type="checkbox"/> No		%	
60 amp:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Has it been inspected by a licensed electrician or the ESA (Electrical Safety Authority)? If so, when: <input type="checkbox"/> 100 amp: <input type="checkbox"/> 200 amp: <input type="checkbox"/> Other (explain):			
b) Heating	A) Fuel: <input type="checkbox"/> Forced Air <input type="checkbox"/> Electric <input type="checkbox"/> Hot Water <input type="checkbox"/> Steam B) Any woodstoves, fireplaces, or space heaters: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify:			
	If yes, is unit approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		How much burned weekly:	
c) Chimney	<input type="checkbox"/> Brick from ground	<input type="checkbox"/> Selkirk	<input type="checkbox"/> Metal	
d) Furnace Room (construction and thickness)	Walls:	Ceiling:	Floor:	
	Door: ULC Labelled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Rating	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Renovations & Updates:

Building	Renovated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Additions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical	Renovated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Condition: <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Heating	Renovated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Condition: <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Plumbing	Renovated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Condition: <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Roof	Renovated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Condition: <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Specify if any other fire suppression equipment:

Exposures: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Distance To		Construction		Occupancy	
Hydrants	Within 300 metres: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire Hall: Within 8 km: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Accessibility	Is fire fighting access restricted?					
Sprinkler System	Area protected: _____ %			Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Monitored		
Hand Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify if any other fire suppression equipment:					
	Smoke Detector: <input type="checkbox"/> Yes <input type="checkbox"/> No			Carbon Monoxide Detector: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Burglar Alarm	<input type="checkbox"/> Local <input type="checkbox"/> Monitored System's details:					

Was any portion of the dwelling **remediated** (due to mould, asbestos, grow ops. etc.) in the past five years? Yes No
 If Yes provide details:

Summary of Coverages

Property:

Fire & E. C.
 All Risk (certain restrictions apply)
 Basis of Loss Settlement
 RC (certain restrictions apply)

1. Coverage	2. Limit	3. Deductible	4. Co-Insurance
Building			%
Equipment			%
Stock			%
Consequential Loss			%
Gross Earnings			%
Profits			%
Extra Expense			%
Rental Income			%

Crime:

Coverage	Limit	Deductible
Inside/Outside Robbery		
Broad Form M&S		
Safe Burglary		

Note: Must have ULC/CSA approved burglary safe, rate Class II or better, to obtain Money & Securities or Safe Burglary coverage.

Liability:

<input type="checkbox"/> Commercial General Liability	Limit: \$
<input type="checkbox"/> Owner's Landlord's & Tenant's Legal Liability	Limit: \$
<input type="checkbox"/> Tenant's Legal Liability <input type="checkbox"/> BF <input type="checkbox"/> Fire	Limit: \$

Description of Products/Operations:

Sales/Receipts Liquor: \$	Food: \$
Other: \$	Explain:
No. of Employees:	Payroll: \$

Any operations conducted at other owned or leased premises? Yes No If Yes, Address:

Any repairs or installations done away from the premises? Yes No

If Yes, describe:

Are Sub-contractors used for off premises work? Yes No

Are Certificates of Insurance obtained from Sub-contractors Yes No

Glass:

Deductible: \$250.00 \$ Plain Plate Thermopane

Total Square Footage: Installed Cost: \$

Multi-Peril:

Office Equipment			%
Electronic Equipment			%
Sign			%
			%
			%
			%
			%
			%
			%
Coverage	Limit	Deductible	Co-Insurance

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Applicant's Signature: Date: