

GENERAL INFORMATION	
Broker Name:	Broker Number:
Applicant / Named Insured:	Current Intact Policy Number:
Mailing Address:	Current Property Insurer:
Current Equipment Breakdown Insurer:	
Number of Years in Business:	Total Gross Receipts:
Description of Operations:	

LOSS INFORMATION				
Loss Date (yyyy-mm-dd)	Opened/Closed	Description of Loss	Reserve/Loss Amount	Steps Taken to Mitigate Future Losses of this Type

LOCATION 1

1. Building Details	
Year Built	
Number of Stories	
Construction Type	
Air Conditioning (Y/N)	
Type of Heating	

2. Property Type	Replacement Cost
Building	
Contents (excluding equipment and stock)	
Equipment (stationary and affixed)	
Stock (ACV)	
Any other property (please specify type and value)	
Any other property (please specify type and value)	

3. Business Interruption (by coverage)	Limit
Actual Loss Sustained	
Profits	
Gross Earnings	
Extra Expense	
Ordinary Payroll	
Gross Rents	
Any other BI values (please specify type and limit)	

4. Consequential Damage	
Total Value of Perishable Stock	
Type of Stock	
Longest Period Location Left Unattended	
Offsite Monitored Temperature Controlled Alarms (Y/N)	
Refrigeration Maintenance Contract (Y/N)	
If "yes" to Above, Frequency of Visits	
Number of Freezers, Coolers and Compressors	

5. Equipment with a Replacement Cost Value over \$100,000 (please attach a list if more than five)			
Manufacturer	Type	Replacement Cost Value	Bottleneck in Production if Breakdown? (Y/N)

ADDITIONAL COMMENTS

List any additional comments below:

Broker/Agent Signature

Date: