

# Commercial Insurance

## Home Healthcare



Branch: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Please note anything marked by an asterisk (\*) is a mandatory field and must be fully completed.

### General Information

Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy Expiry Date: \_\_\_\_\_ Expiring Premium of Current Policy: \_\_\_\_\_

Has the Applicant been declined, cancelled or refused insurance in the past?  Yes  No

If yes, please provide the reason(s): \_\_\_\_\_

Form of Business:  Corporation  Partnership  Sole Proprietorship

Is the operation owned by a Canadian corporation or individual?  Yes  No

Years in Operation\*: \_\_\_\_\_ Number of Employees\*: \_\_\_\_\_ Full-Time\*: \_\_\_\_\_ Part-Time\*: \_\_\_\_\_

Please provide a description of operations including services provided:

\_\_\_\_\_

### Claims

Five-Year Claims History:  None  See Below

Date of Loss	Type of Loss & Description	Amount Paid

## Underwriting Section

Risk Legal Address: \_\_\_\_\_

Please provide a description of the location including other occupancies\*:  
 \_\_\_\_\_

Fire Hydrant Protected?  Yes  No      Distance from Fire Hall: \_\_\_\_\_ km      Volunteer Fire Hall?  Yes  No  
 Year Built: \_\_\_\_\_      Number of Stories: \_\_\_\_\_      Number of Units: \_\_\_\_\_      Square Feet: \_\_\_\_\_  
 Construction Type:       Fire Resistive       Non-combustible       Masonry       Masonry Veneer       Frame  
 Burglar Alarm:       Local       Central       Monitored       None  
 Fire Alarm:       Local       Central       Monitored       None  
 Heating:       Forced Air       Steam       Electric  
 Air Conditioning:       Central       Window Unit       None  
 Sprinkler:  Yes  No      Vacant:  Yes  No      Wood Burning Stove:  Yes  No

## Additional Information

Total Annual Receipts: \$ \_\_\_\_\_      Payroll: \$ \_\_\_\_\_

Category of Employee	Number of Full-Time	Number of Part-Time	Total Annual Hours
RN			
RPN			
PSW			
Homemakers/Companions			

Number of **Class A** Employees\*: \_\_\_\_\_      Number of **Class B** Employees\*: \_\_\_\_\_

Percentage of Receipts: Cash \_\_\_\_\_ %      Cheques \_\_\_\_\_ %      Other \_\_\_\_\_ %

**If other**, please describe: \_\_\_\_\_

Percentage of Payroll: Cash \_\_\_\_\_ %      Cheques \_\_\_\_\_ %      Direct Deposit \_\_\_\_\_ %      Other \_\_\_\_\_ %

**If other**, please describe: \_\_\_\_\_

How often are bank deposits done? \_\_\_\_\_

Do all cheques require two signatures?  Yes  No      **If no**, please explain: \_\_\_\_\_

How often are complete cash and account audits made? \_\_\_\_\_      By whom (name/title)? \_\_\_\_\_

## Insurance Coverage

Coverage	Limit of Insurance	Deductibles/Comments
<b>Property Insurance</b> <input type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"> <li>• Buildings \$ _____</li> <li>• Contents (including tenant improvements) \$ _____</li> <li>• Electronic Data Processing (Computers) \$ _____</li> <li>• Extra Expense \$50,000 included/location _____</li> <li>• Business Income - <i>Actual Loss Sustained</i> <input type="radio"/> Yes <input type="radio"/> No \$ _____</li> </ul>		
<b>Boiler and Machinery</b> <input type="radio"/> Yes <input type="radio"/> No (Equipment Breakdown Insurance) \$ _____		
<b>Crime Insurance</b> <input type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"> <li>• Employee Dishonesty – Form A \$ _____</li> <li>• Money &amp; Securities – Loss in/outside \$ _____</li> <li>• Third Party Extension \$ _____</li> </ul>		
<b>Added Coverages:</b> _____ \$ _____		
<b>Added Coverages:</b> _____ \$ _____		
<b>Commercial General Liability</b> <input type="radio"/> Yes <input type="radio"/> No Occurrence Base Coverage <input type="checkbox"/> Claims Made <input type="checkbox"/> (Retro-Active Date: _____ )	\$ _____	
<b>Abuse Coverage</b> <input type="radio"/> Yes <input type="radio"/> No <b>Copy of Abuse Policy &amp; Procedures Required</b>	\$ _____	<b>Complete and submit form</b> - 7713 (05-00) Questionnaire Commercial General Liability Abuse
Does the client currently carry E&O coverage <input type="radio"/> Yes <input type="radio"/> No	<b>If yes, what type:</b> <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	
<b>Medical Malpractice</b> <input type="radio"/> Yes <input type="radio"/> No Occurrence Base Coverage <input type="checkbox"/> Claims Made <input type="checkbox"/> (Retro-Active Date: _____ )	\$ _____	<b>Complete and submit form</b> - 7720 (08-04) Application for Home Nursing-Home Care Services Liability
<b>Directors &amp; Officers Liability</b> <input type="radio"/> Yes <input type="radio"/> No	\$ _____	<b>Complete and submit form</b> - 7707 (10-08) Application for Non-Profit Organization Liability Insurance
<b>Employment Practices</b> <input type="radio"/> Yes <input type="radio"/> No	\$ _____	

## Additional Information

Please provide additional insured information such as mortgagee and/or additional insured. Postal codes are mandatory for all.\*

Location	Name & Address	Note if Mortgagee/Loss Payee/ Additional Insured

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements

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.

**Signing of this form does not bind the Applicant to complete the insurance.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant (position)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Broker

\_\_\_\_\_  
Date

### Frank Stigter Account Executive & Producer

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