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www.seafirstunderwriting.com

Retail Business Operations/Building Ownership Liability Facility

APPLICATION FORM

* Application must be fully completed to ensure quotation

BROKERAGE INFORMATION

Office
Marketer
Producer

CLIENT INFORMATION

Name		Account Number	
Street	Phone	Fax	
City	Country	Prov.	Postal Code
Website Address			
Email Address			
Additional Phone Number 1	<input type="checkbox"/> Main <input type="checkbox"/> Direct <input type="checkbox"/> Toll <input type="checkbox"/> Fax <input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		
Additional Phone Number 2	<input type="checkbox"/> Main <input type="checkbox"/> Direct <input type="checkbox"/> Toll <input type="checkbox"/> Fax <input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		
Additional Phone Number 3	<input type="checkbox"/> Main <input type="checkbox"/> Direct <input type="checkbox"/> Toll <input type="checkbox"/> Fax <input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		

CLIENT CONTACTS Positions: Accountant, CEO, Insured, Manager, Owner, President, Principal/Partner, Secretary, Vice President

Last Name	First Name	Mr./Ms./Dr.	Position	Phone	Email	Other

RETAIL BUSINESS OPERATIONS

Industry Code:

Full Description of Operations

LIABILITY RATING INFORMATION

BUSINESS INFORMATION In Business Since: # Of Employees: f/t: p/t: Covered By WCB

EXPOSURE RATING BASIS

Revenue:

Annual Gross Receipts
Canadian %

U.S.%
Foreign %

Payroll: Annual Payroll

Liquor Liability: Is there any liquor liability? Yes No Receipt Splits: Liquor \$: Food \$: Other \$:

Notes

BUILDING OWNERSHIP OPERATIONS

Street		City		Prov.	Postal Code
Number of Stories	Age	Sq. Ft. of entire building	Gross Rents	Present Insured Value	
Occupancies					

CLAIMS INFORMATION

Loss Date (mm/dd/yy)	Type	Description

MISCELLANEOUS

Notes

Special circumstances concerning this policy/application which the company should know:

Has any insurer cancelled, declined or refused to issue insurance to the applicant within the past 5 years? Yes No

BROKER DECLARATION: I have known the client since _____ This Business/Client is new to my office.
(mm/yy/dd)

POLICY INFORMATION: Period Coverage: From: To: Package:

BROKER/APPLICANT:

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PAYMENT INFORMATION: Company Bill Broker/Agent Bill Other _____