

## Preferred Chiropractor's (BCCA member) Program Insurance Application

Legal Name:		Contact:	
Principal(s):		Contact Ph#	
Telephone:		E Mail:	
Fax:			
Postal Address(including Postal Code):			
Risk location (including Postal Code):			
In business since:		Number of years of previous experience:	
Web page:		www.	
Previous Insurer:		Premium:	Policy No.:
		Exp. Date:	
Has previous insurance been declined, cancelled or not offered for renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, full details:			
Any claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide full details including date, type of loss, amount paid and outstanding:			
Mortgagee/Loss Payee Name and address:			
1.			
2.			
<b>Location Details (please include photos where possible)</b>			
Wall Construction <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> HCB <input type="checkbox"/> Brick, Masonry <input type="checkbox"/> Brick Veneer			
<input type="checkbox"/> Metal Clad –Steel frame <input type="checkbox"/> Metal Clad – Wood Frame <input type="checkbox"/> Frame <input type="checkbox"/> Log/Rustic			
Roof Construction <input type="checkbox"/> Concrete joist <input type="checkbox"/> Steel deck <input type="checkbox"/> wood joist <input type="checkbox"/> other(describe)			
Floor Construction <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Concrete Pad			
Total area occupied in Building:		Area occupied by Insured: Main Floor _____ / Second	
<input type="checkbox"/> ft <sup>2</sup> <input type="checkbox"/> m <sup>2</sup>		Floor _____ Bsmnt _____ <input type="checkbox"/> ft <sup>2</sup> <input type="checkbox"/> m <sup>2</sup>	
No. of stories:		Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Heating:		Type of Electrical System:	
Year built: _____ If building over 35 years old, have updates been carried out? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, When to: Heating System:		Roof:	Plumbing:
		Wiring:	
Distance to Hydrant:    feet or    meters		Distance to Firehall:    Miles    Kms	
Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Building Type: <input type="checkbox"/> Single Detached <input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Retail Strip Plaza <input type="checkbox"/> Other _____			
Type of Glass <input type="checkbox"/> Single Pane <input type="checkbox"/> Double Pane		Area of Glass <input type="checkbox"/> ft <sup>2</sup> <input type="checkbox"/> m <sup>2</sup>	
Premises occupied by others? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, full details:			
<b>Physical Protection</b>			
Fire Alarm (v box) <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Monitoring <input type="checkbox"/> ULC Certified(attach certificate)			
Burglar Alarm (v box) <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Monitoring <input type="checkbox"/> ULC Certified(attach certificate)			
Extent of protection <input type="checkbox"/> perimeter <input type="checkbox"/> Area    Line Security <input type="checkbox"/> Yes <input type="checkbox"/> No    Type?			
Details of physical protection, locks on doors, bars or windows etc. :			

Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:				
Number of employees handling money:		Total # of employees: _____		
Maximum amount of cash on premises:		Max amount of cash in safe overnight:		
Annual Revenue:		Annual Advertising Budget:		
<b>Details of Operations</b>				
List of Practitioners				
Name	Operations	Employee/Contractor	E&O limit	Member of which Associations:

**Please indicate limit required:**

Item	Limits
Building	
Equipment	
Tenant Improvements	
Stock	
Commercial General Liability	\$5,000,000

**Some of the Coverages Automatically Included:**

Item	Ded	Limits
Extra Expense	<b>500</b>	included
Loss of Income (Actual Loss Sustained)		18 months included
Employee Dishonesty – Form A	<b>500</b>	25000
Loss inside/outside premises	<b>500</b>	10000
Money orders /Paper Currency	<b>500</b>	10000
Depositors Forgery	<b>500</b>	10000
Fine Arts up to \$75,000 per item		Included in Contents
Equipment breakdown	<b>1000</b>	Summary of Property Limit

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE