

Does this location have:	Automatic Sprinkler System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Burglar Alarm	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Fire Alarm	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Smoke/Heat Detector	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If this location is more than 25 years old, estimate the dates of upgrades:	Plumbing: _____	Heating: _____	
	Wiring: _____	Roofing: _____	

5. Coverage and Limits of Insurance for the insured location:

- (a) If you are a **Tenant** in a clinic or office environment at this location, does your lease contain insurance requirements, such as the requirement to add your landlord as Additional Insured under your Business Insurance Policy? Yes No

If Yes, confirm your landlord's full name and address: _____

- (b) Confirm which coverage option you wish to purchase:

Important Notes:

- Those members with home-based businesses should not include personal contents nor the residence building values under this application. This application is intended to include coverage for **BUSINESS PROPERTY ONLY**.
- The Policy contains a 90% co-insurance clause with respect to your property assets – this means you must insure to within at least 90% of the replacement value (equipment, tenant's improvements, computer) or cost inventory at each location, otherwise in the event of a claim, you could have your claim reduced to the extent of the under-insurance.

- (i) **Standard Business Insurance Package** ~ This option includes the following:

STANDARD BUSINESS INSURANCE PACKAGE		
Coverage Description	Coverage Limits	Annual Premium
Business Contents	\$25,000	Included
'Off Premises Property' for Massage Table	\$2,000	Included
Business Interruption (Business Income and Extra Expense)	Included	Included
Crime:		
Employee Dishonesty (Form A)	\$25,000	Included
Money & Securities	\$10,000	Included
Commercial General Liability:		
Each Occurrence & General Aggregate	\$1,000,000	Included
Total Annual Premium		\$530

- (ii) **Higher Limits** ~ If you need to purchase higher limits, please indicate below:

Select	Coverage Description	Coverage Amount
<input type="checkbox"/>	Business Contents <i>To determine the "Value", estimate the current replacement costs for office furniture, clinical equipment, equipment, computers, tenant's improvements and cost price for inventory.</i>	Value: \$ _____

<input type="checkbox"/>	Building Coverage <i>To determine the "Value", estimate the current replacement cost of the Building</i>	Value: \$ _____
	Commercial General Liability	
<input type="checkbox"/>	\$2,000,000 each Occurrence/General Aggregate	
<input type="checkbox"/>	\$3,000,000 each Occurrence/General Aggregate	
<input type="checkbox"/>	\$5,000,000 each Occurrence/General Aggregate	
	Professional Liability for Massage Therapy – Clinic Owners	
<input type="checkbox"/>	\$1,000,000 each Occurrence/General Aggregate	
<input type="checkbox"/>	\$2,000,000 each Occurrence/General Aggregate	

6. Has any insurance been refused or cancelled in the past five years? Yes No

If Yes, provide details: _____

7. In the past five years, has the Applicant had any claim (include closed and open claims and incidents)? Yes No

If Yes, please provide the following details on a separate sheet:

- (a) Date of Claim
- (b) Claimant's Name
- (c) Nature of Claim
- (d) Amount of Damages
- (e) Current Status of Claim

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED, AND THE APPLICABLE INSURANCE PREMIUM AND TAXES (IF APPLICABLE) HAVE BEEN PAID IN FULL.

Applicant	Date
Signature	Title

Applications can be emailed or faxed to the following address:

BFL CANADA Risk & Insurance Services Inc.
181 University Avenue, Suite 1700
Toronto, Ontario, M5H 3M7
Telephone: 1-(800) 668-5901
Fax: (416) 599-5458
Email: ccosme@bflcanada.ca or kqaetano@bflcanada.ca

PAYMENT INSTRUCTIONS:

Select one of the following three options:

- Cheque or Money order:** Make payable to: **BFL CANADA Risk & Insurance Services Inc.**
- Credit Card:** Please note that there is a non-refundable system access fee of 2.5%. Payment link will be provided should this option be selected.
- Online Banking:** Add *BFL CANADA* as *Payee* and do a “one-time transaction/payment” and pay the invoice online at major Canadian Financial Institutions (see below). You will only have to enter your customer code in order to proceed. Customer code to be provided, should this option be selected.

