

PROPERTY INSURANCE APPLICATION
New Brunswick Professional Outfitter Guide Association

Please Fax Completed Application to: (306) 922-5730

Name: _____

Mailing Address: _____

Location (and nearest town): _____

Phone: _____ Fax: _____ Cell: _____

Website: _____ Email: _____

Coverage Effective Date: _____

Years of Operation: _____ Years of Experience in this or Similar Operation: _____

Seasons of Operations: is your operation open **year round** or **seasonal** (months of operation): _____

If Seasonal – is there a Caretaker on premises during the off-season: Yes No

If No- do you have scheduled off-season regular inspections Yes No Details: _____

Is Premises located within 15km of fire hall? Yes No Location: _____

Is there any Fire Fighting Equipment on Premises: Yes No Details: _____

Loss History: Describe all Property Related losses in the last 5 years: **None** or Describe: _____

Current Insurer & Policy Number: _____ Current Premiums: \$ _____

ALL PROPERTY - SCHEDULE OF VALUES

- 1) Amount of insurance being provided is based on a **Replacement Cost basis**.
- 2) Values **must** include transportation costs of equipment or materials to location insured.
- 3) Please attach Additional Sheets if more than 3 buildings exist.

Building #:	1	2	3
Legal Address:			
Nearest Town:			
Use:			
Building:	\$	\$	\$
Contents:	\$	\$	\$
Equipment:	\$	\$	\$
Boats: Hull(s)	\$	\$	\$
Motor(s)	\$	\$	\$
Stock: Food / Alcohol	\$	\$	\$
Stock For Sale	\$	\$	\$
Tools:	\$	\$	\$
Fuel/Oil:	\$	\$	\$
Other:	\$	\$	\$
TOTALS:	\$	\$	\$

BUILDING SUPPLIMENT

PLEASE COMPLETE ONE QUESTIONNAIRE PER BUILDING TO BE INSURED AND SUPPLY PHOTOS, SITE PLAN AND DISTANCE BETWEEN BUILDINGS, WHEN POSSIBLE.

Name: _____

Description of Building & Use: _____

Building# _____ Square Footage: _____

Fire Protection: <input type="checkbox"/> Hydrant <input type="checkbox"/> Fire Hall <input type="checkbox"/> Unprotected		Year Built:	Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction: <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Other: _____			
Roof: Age _____ <input type="checkbox"/> Metal <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> Updated _____			
Heating: <input type="checkbox"/> Forced Air <input type="checkbox"/> Electric <input type="checkbox"/> Hot Water <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood - ULC Approved <input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical: <input type="checkbox"/> Fuses <input type="checkbox"/> Breakers <input type="checkbox"/> Other		Wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminium Age: _____	
Alarms: <input type="checkbox"/> Local Alarm <input type="checkbox"/> Centrally Monitored	Smoke Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No	Locked Gate <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No
Building Updates:			
Cooking in this building? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes: Is there a Deep Fat Fryer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Cooking, is there a Wet Chemical System covering the cooking area? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Last Serviced: _____			

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PLEASE COMPLETE APPLICATION. INCLUDE A COPY OF YOUR EXISTING POLICY AND FAX TO: (306) 922-5730