

FIRSTBROOK, CASSIE & ANDERSON LTD. - INSOLVENCY INSURANCE PROGRAM

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INSURANCE CHANGE FORM

Trustee Log No. _____

FC&A Master File No. _____

NAME OF ESTATE: _____

TRUSTEE FIRM: _____ OFFICE (CITY): _____ FAX: _____

ESTATE MANAGER: _____ EMAIL: _____ TEL: _____

OTHER CONTACT: _____ EMAIL: _____ TEL: _____

EFFECTIVE DATE OF CHANGE: _____

SECTION I - CANCELLATION

1. If the estate is now closed (for insurance purposes) tick here and all insurance coverage will be cancelled. Section II need not be completed.

IMPORTANT! IF THE ESTATE WHILE UNDER YOUR CONTROL:

- A) MANUFACTURED, DISTRIBUTED, INSTALLED, OR HANDLED A PRODUCT; OR
 - B) COMPLETED OPERATIONS (TRADE PROFESSIONS, CONTRACTORS, ETC.),
- YOU WILL HAVE A "LONG TAIL" LIABILITY EXPOSURE TO CLAIMS. CALL FC&A, OR COMPLETE THE LONG TAIL LIABILITY APPLICATION AND SEND IT TO FC&A WITH THIS FORM.**

SECTION II - VACANCY / CHANGES / ADDITIONS / DELETIONS

1. If locations are now vacant or unoccupied tick here , identify locations below and **ATTACH COMPLETED VACANCY QUESTIONNAIRE**.

IF INSURED VALUES EXCEED \$3,000,000 IMMEDIATE CONTACT WITH FC&A IS REQUIRED. AUTOMATIC COVERAGE DOES NOT APPLY ABOVE THIS LIMIT.

LOCATION: _____

2. If locations have been deleted tick here and complete Item 5 below. **All coverage will be deleted at these locations.**

3. If insured values at existing locations have changed tick here and complete Items 5 and 6 below.

4. If new locations have been added tick here and complete Items 5, 6 and 7 below.

5. If property coverage has been deleted tick here and complete Item 5 for liability only

Loc No.	Check One			Location Address including Postal Code	Square Footage (if Building insured)	COMPLETE IF ADDING NEW LOCATIONS			Height/Storeys	Age
	Chg. Val.	Add Loc.	Del. Loc.			Construction *				
						Walls	Floors	Roof		

* Construction: Describe as precisely as possible the material used in construction (e.g. wood, steel, brick, concrete, etc.)

6. PROPERTY VALUES TO BE INSURED						
Coverage is on Actual Cash Value basis. If Replacement Cost is desired, please tick here. <input type="checkbox"/>						
Loc. #	Building	Stock/Inventory	(Fixtures & Equipment, Tenants Improvements) Personal Property	Business Interruption	EDP	Source of Figures
1						
2						
3						

This section must be completed to the best of your ability if adding new locations.

- A. Building Sprinklered.....
- B. Working Fire Alarm.....
- C. Transformers.....
- D. Elevators.....
- E. Perishable Stock Protected.....
- F. Workers' Compensation Carried.....
- G. Building Heated.....
- H. Boilers in Use.....
- I. Compressors or Pumps in Use.....
- J. Working Burglar Alarm.....
- K. Utilities Checked.....
- L. Building Security Checked.....
- M. Accounts Receivable and Books of Accounts...
- N. Refrigeration Equipment in Use.....
- O. Air Conditioning Equipment in Use.....
- P. Fire Hydrants Within 500 Feet.....
- Q. **VACANT OR UNOCCUPIED LOCATION.....**

Loc. No.		Loc. No.		Loc. No.		COMMENTS
YES	NO	YES	NO	YES	NO	
						Type of Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Monitoring Station
						Type of Heating System:
						Type of Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Monitoring Station
						ATTACH COMPLETED VACANCY QUESTIONNAIRE

8. If automobiles have been added or deleted complete the following:
NOTE: Attach Driving Record for vehicles in use.

Year	Make & Model	Serial Number	Approx. Value	Location	Registered To	Check One		Storage Only	
						Add	Del.	Yes	No

DATE COMPLETED: _____ SIGNATURE: _____ Estate Manager

DATE RECEIVED BY FC&A: _____ SIGNATURE: _____ FC&A

03/10 **KEEP A COPY OF THIS FORM AND REMIT A COPY TO FIRSTBROOK, CASSIE & ANDERSON LTD. BY EMAIL OR FAX WITHIN REPORTING PERIOD**
*The applicant confirms that the statements and information contained in this application are true and complete and that no material information has been withheld or misrepresented. The applicant agrees that this application and any subsequent changes thereto will be incorporated into and constitute part of the policy and acknowledges that the insurer has and will rely upon such application and changes.