

## Insolvency Practitioner Office Package Program Application

Name: \_\_\_\_\_

Insured Locations: (Attach Separate Sheet if Necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone/Fax Numbers: \_\_\_\_\_

Annual Payroll: \_\_\_\_\_

Annual Receipts: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Professional Liability Carrier and Policy Number: \_\_\_\_\_

Any losses in the last 3 years? (Describe) \_\_\_\_\_

\_\_\_\_\_

Current Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### **POLICY COVERAGES:**

<b>Limits:</b>	<b>Included</b>	<b>Requested</b>
Office Contents	\$70,000	_____
Laptops (please attach schedule including year, make, model and serial number)		_____
Extra Expense	\$50,000	_____
Valuable Papers	\$50,000	_____
EDP Hardware	\$25,000	_____
EDP Software	\$25,000	_____

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<b>Limits:</b>	<b>Included</b>	<b>Requested</b>
Commercial General Liability		
General Aggregate	\$5,000,000	
Occurrence	\$2,000,000	_____
Non-Owned Auto	\$2,000,000	_____
Tenants Legal Liability	\$500,000	_____

**Additional Insured's:**

Landlords:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Location #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Location #: \_\_\_\_\_

Equipment Leases:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

With respect to Equipment: \_\_\_\_\_  
(Year, Make, Model, Serial Number)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

With respect to Equipment: \_\_\_\_\_  
(Year, Make, Model, Serial Number)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

With respect to Equipment: \_\_\_\_\_  
(Year, Make, Model, Serial Number)

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**CONSTRUCTION DETAILS:**

Stories:

Year built:

Walls:	<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Non-combustible masonry walls	<input type="checkbox"/> Non-combustible non-masonry walls	<input type="checkbox"/> Masonry
	<input type="checkbox"/> Masonry veneer	<input type="checkbox"/> Frame & all others		

Roof:	<input type="checkbox"/> Steel deck	<input type="checkbox"/> Tar paper	<input type="checkbox"/> T & G	<input type="checkbox"/> Metal
	<input type="checkbox"/> Slate	<input type="checkbox"/> Tile	<input type="checkbox"/> Asphalt shingles	<input type="checkbox"/> Wood shingles
	<input type="checkbox"/> Wood shakes	<input type="checkbox"/> Rubber	<input type="checkbox"/> Plastic	
	<input type="checkbox"/> Other describe			

Floors:	<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Non-combustible masonry walls	<input type="checkbox"/> Non-combustible non-masonry walls	<input type="checkbox"/> Masonry
	<input type="checkbox"/> Masonry veneer	<input type="checkbox"/> Frame & all others		

Area:   Ft<sup>2</sup>  m<sup>2</sup>

Occupied

Basement:	<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Non-combustible masonry walls	<input type="checkbox"/> Non-combustible non-masonry walls	<input type="checkbox"/> Masonry
	<input type="checkbox"/> Masonry veneer	<input type="checkbox"/> Frame & all others	<input type="checkbox"/> Not applicable	

Electrical:	<input type="checkbox"/> Breakers	<input type="checkbox"/> Fuses	<input type="checkbox"/> Breakers & fuses	
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Plumbing:	<input type="checkbox"/> Copper	<input type="checkbox"/> Lead	<input type="checkbox"/> Plastic (PVC or CVS)	<input type="checkbox"/> Galvanized
	<input type="checkbox"/> Stainless steel	<input type="checkbox"/> Steel		

Heating:	<input type="checkbox"/> None	<input type="checkbox"/> Duct furnace	<input type="checkbox"/> Boiler	<input type="checkbox"/> Radiant
	<input type="checkbox"/> Electric	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Furnace (central)	<input type="checkbox"/> Floor furnace
	<input type="checkbox"/> Space heater	<input type="checkbox"/> Other describe		

Fuel:	<input type="checkbox"/> Oil	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Steam
	<input type="checkbox"/> Wood	<input type="checkbox"/> Electric	<input type="checkbox"/> Other describe	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_