



CMW Insurance Services Ltd.

700-1901 Rosser Avenue
 Burnaby, BC V5C 6R6
 Tel: 604-294-3301 Fax: 604-294-3003

COMMERCIAL STRATA APPLICATION

Name:					
Location Address:					
Property Manager & Address:					
Contact Name:					
Phone:		Fax:		Cell:	E-mail:
No. of Units:		No. of Vacant Units:		'List of Occupants' must be completed attached	
Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Mixed, Describe					
No. of Stories:		No. of Buildings: (If more than 1 building, include Site Plan)			
Area: sq.ft.		Foundation: <input type="checkbox"/> Concrete <input type="checkbox"/> Posts <input type="checkbox"/> Wood <input type="checkbox"/> None			
Roof: <input type="checkbox"/> Flat <input type="checkbox"/> Peak <input type="checkbox"/> Wood Joist <input type="checkbox"/> Steel Deck <input type="checkbox"/> Concrete <input type="checkbox"/> Other, Describe:					
Roof Finish: <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Metal Other, Describe:				Type of Building (e.g. mall):	
Physical Conditions: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Modern <input type="checkbox"/> Old					
Year Built:		If over 25 yrs/ year updated:		Plumbing:	Heating:
Electrical: <input type="checkbox"/> Conduit <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses		Air Conditioning:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Heating:		Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> No Heat			
		Type: <input type="checkbox"/> Hot Water <input type="checkbox"/> Steam <input type="checkbox"/> Forced Air <input type="checkbox"/> Suspended			
Protection:		Public Fire Protection: <input type="checkbox"/> Public <input type="checkbox"/> Volunteer		Distance to Hydrant:	Distance to Fire Hall:
		Private Fire Protection: <input type="checkbox"/> Sprinklered (<input type="checkbox"/> Wet or <input type="checkbox"/> Dry)		Section(s) of Building Sprinklered, All or:	
		<input type="checkbox"/> Heat Detectors	<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> Manual Pull Stations	<input type="checkbox"/> Standpipe & Hose
Is property within 300' of a river? <input type="checkbox"/> Yes, <input type="checkbox"/> No			Has property ever been flooded? <input type="checkbox"/> Yes, <input type="checkbox"/> No		
Loss History for the past 5 years (attach list if necessary):					
Date	Description				Amount

Authorized Signature: _____ Date Signed: _____

Name and Position of Signatory: _____

Name of CMW Account Manager: _____ Policy Effective Date: _____



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Interests Insured (attach appraisal if available):

Building Value(s)	\$	Appraisal Date:	If current: <input type="checkbox"/> Stated Amount Co-insurance
Rental Income	\$	# of Months:	
Boiler & Machinery	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
CGL	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	
Sudden & Accidental Pollution	<input type="checkbox"/> \$1,000,000		
D & O Liability	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	
Discrimination Defense Costs	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	\$10,000 subject to \$25,000 Annual Aggregate
E & O Liability (for PM's only)	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	
Crime	<input type="checkbox"/> BFMS \$	<input type="checkbox"/> Employee Dishonesty \$	<input type="checkbox"/> Other, describe:
Glass	Deductible: \$	and describe:	
Master Key	\$		

Loss Payee(s):

To the Condominium Corporation (Subject to the Strata Property Act or similar statute in the province of jurisdiction)

Loss Payee:

Address:

Re:

30 Days Notice Required

Mortgage Clause required

Additional Insured(s):

Property Manager added if applicable

Name:

Address:

Re:

30 Days Notice Required



**COMMERCIAL STRATA
APPLICATION
Directors & Officers Supplement**

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Strata Plan No:	Property Management Company:
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Director's and Officers Liability Insurance
(Attached to and forming part of CMW Strata Application)

- a) Has a claim been made or pending against any person proposed for insurance in the capacity of either a Director or Officer of the Strata Corporation? Yes No

- b) Does any Director or Officer of the Strata Corporation have knowledge or information of any negligent act, any error or omission or breach of duty which might give rise to a claim against them? Yes No

IMPORTANT:

This type of insurance coverage applies only to claims made and reported to the Insurer during the policy period. Coverage does not apply, however, to claims that arise out of wrongful acts or facts or circumstances that may reasonably give rise to a claim at a future date that are known to the Applicant Organization, its directors, officer or employees to be insured, at the time when this application is signed and dated.

If the Applicant is currently insured by an Insurer other than ING, and that contract of insurance is on a claims made basis, it is incumbent upon the Applicant Organization, its directors, officers or insured employees to report all known circumstances which may give rise to an eventual claim to that Insurer.

Please refer to your Insurance Broker if you do not understand the foregoing.

This section of the application must be signed by a Director or Officer of the Strata Council.

Date: _____

Signature: _____

Print Name: _____

Title: _____

