

INSURANCE BINDER

Commercial Lines Insurance

NAMED INSURED(S)

Name(s): _____

Address: _____

ADDRESS OF RISK (if different from address above):

DESCRIBED/DECLARED BUSINESS:

INSURER

Name: _____

Contract no.: _____

Effective date: _____

Expiry date: _____

CREDITOR

Name: _____

Address: _____

As creditor on: (ex.: building, contents, equipment)

SUBJECT MATTER OF THE INSURANCE	CO-INSURANCE CLAUSE	REPLACEMENT COST	AMOUNTS	DEDUCTIBLES
<u>Property Insurance</u> <input type="checkbox"/> Building: <input type="checkbox"/> Specified perils <input type="checkbox"/> Broad form <input type="checkbox"/> Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> %: ____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____
<input type="checkbox"/> Contents of all descriptions <input type="checkbox"/> Specified perils <input type="checkbox"/> Broad form <input type="checkbox"/> Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> %: ____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____
<input type="checkbox"/> Stock: <input type="checkbox"/> Specified perils <input type="checkbox"/> Broad form <input type="checkbox"/> Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> %: ____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____
<input type="checkbox"/> Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> %: ____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____
<u>Liability Insurance</u> <input type="checkbox"/> General <input type="checkbox"/> Professional (errors and omissions) <input type="checkbox"/> Directors and officers <input type="checkbox"/> Excess liability insurance (Umbrella) <input type="checkbox"/> Tenants legal liability <input type="checkbox"/> Other: _____			\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

ENDORSEMENTS		
	Amounts	Deductibles
<input type="checkbox"/> Accidental pollution	\$ _____	\$ _____
<input type="checkbox"/> Building by-laws	\$ _____	\$ _____
<input type="checkbox"/> Water – sewer backup	\$ _____	\$ _____
<input type="checkbox"/> Water – flood	\$ _____	\$ _____
<input type="checkbox"/> Exterior demolition costs	\$ _____	\$ _____
<input type="checkbox"/> Earthquake	\$ _____	\$ _____
<input type="checkbox"/> Business interruption/extra expenses	\$ _____	\$ _____
<input type="checkbox"/> Equipment breakdown	\$ _____	\$ _____
<input type="checkbox"/> Other (describe):	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

ADDITIONAL INFORMATION

Important Note: This document contains a summary of the information found in the insurance contract. Coverage is subject to the conditions, limits and exclusions of the contract issued by the insurer.

This insurance binder confirms the existence of the insurance contract pending the issuance of your insurance policy. It is valid for a period of _____ days. Coverage remains in force conditional on payment of the premium.

By: _____
Signature of certified representative

Date: _____

Name: _____

Telephone: _____

Title: _____



Form created by: