**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** |
| **Property Insurance**  Building:  Specified perils  Broad form  Other: | Yes  No   %: | Yes  No | $ | $ |
| Contents  Specified perils  of all  Broad form  descriptions  Other: | Yes  No   %: | Yes  No | $ | $ |
| Stock  Specified perils  Broad form  Other: | Yes  No   %: | Yes  No | $ | $ |
| Other: | Yes  No   %: | Yes  No | $ | $ |
| **Liability Insurance** |  |  |  |  |
| General |  |  | $ | $ |
| Professional (errors and omissions) |  |  | $ | $ |
| Directors and officers |  |  | $ | $ |
| Excess liability insurance (Umbrella) |  |  | $ | $ |
| Tenants legal liability |  |  | $ | $ |
| Other: |  |  | $ | $ |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ENDORSEMENTS** | | | |
|  | | **Amounts** | **Deductibles** |
|  | Accidental pollution | $ | $ |
|  | Building by-laws | $ | $ |
|  | Water – sewer backup | $ | $ |
|  | Water – flood | $ | $ |
|  | Exterior demolition costs | $ | $ |
|  | Earthquake | $ | $ |
|  | Business interruption/extra expenses | $ | $ |
|  | Equipment breakdown | $ | $ |
|  | 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: \_\_\_ Date:

Signature of certified representative

Name:       Telephone:

Title:

Form created by: 