

ATCMA Program – Preferred TCM Practitioners Program

PROPERTY AND COMMERCIAL GENERAL LIABILITY APPLICATION

| | | | | |
|---|---|--|--|--|
| APPLICANT'S LEGAL NAME: | | | | |
| OPERATING NAME: | | | | |
| NAME OF ALL SUBSIDIARIES AND AFFILIATES THAT INSURANCE IS TO BE INCLUDED: | | | | |
| TYPE OF ORGANIZATION: | <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other _____ | | | |
| | Operations of the Clinic: <input type="checkbox"/> Herbalist (R.TCM.H) <input type="checkbox"/> Acupuncturist (R.Ac) <input type="checkbox"/> Traditional Chinese Medicine <input type="checkbox"/> Practitioners (R.TCM.p) and Doctors of TCM (Dr. TCM) <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Acupoint Injection Therapy <input type="checkbox"/> Supervised Students (s) if yes, how many _____ | | | |
| PHONE NUMBER: | | | | |
| EMAIL: | | | | |
| MAILING ADDRESS: | | | | |
| WEBSITE: | | | | |
| YEAR INCORPORATED: | | | | |
| DATE COVERAGE REQUIRED: | | | | |
| LOCATION | | | | |
| LOCATION ADDRESS: | Loc # _____ | Loc # _____ | Loc # _____ | |
| LOCATION OWNED/LEASED BY YOU: | <input type="checkbox"/> owned <input type="checkbox"/> leased | <input type="checkbox"/> owned <input type="checkbox"/> leased | <input type="checkbox"/> owned <input type="checkbox"/> leased | |
| YEAR BUILT: | | | | |
| BUILDING UPDATING INFORMATION: <i>(complete if building is 30 years or over)</i> | Year Updated: | | Year Updated: | |
| | Heating: | | Heating: | |
| | Electrical: | | Electrical: | |
| | Plumbing: | | Plumbing: | |
| | Roof: | | Roof: | |
| SQUARE FOOTAGE OF BUILDING: <i>(if building owned)</i> | sq. ft. | sq. ft. | sq. ft. | |
| SQUARE FOOTAGE – SPACE: <i>(occupied by you)</i> | sq. ft. | sq. ft. | sq. ft. | |
| NO. OF STOREYS: | | | | |



| | | | |
|---------------------------|---|---|---|
| TYPE OF HEATING: | | | |
| CENTRAL AIR CONDITIONING: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| NO. OF ELEVATORS: | | | |
| CONSTRUCTION TYPE | Loc # _____ | Loc # _____ | Loc # _____ |
| | <input type="checkbox"/> Frame <input type="checkbox"/> Concrete <input type="checkbox"/> Fire Resistive | <input type="checkbox"/> Frame <input type="checkbox"/> Concrete <input type="checkbox"/> Fire Resistive | <input type="checkbox"/> Frame <input type="checkbox"/> Concrete <input type="checkbox"/> Fire Resistive |

PROTECTION

| | Loc # _____ | Loc # _____ | Loc # _____ |
|---------------------------|---|---|---|
| BUILDING SPRINKLERED: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| % OF BUILDING SPRINKLERED | % | % | % |
| CONNECTED TO ALARM? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| BURGLAR ALARM: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CENTRAL OR LOCAL | Central <input type="checkbox"/> Local <input type="checkbox"/> | Central <input type="checkbox"/> Local <input type="checkbox"/> | Central <input type="checkbox"/> Local <input type="checkbox"/> |
| FIRE ALARM: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CENTRAL OR LOCAL | Central <input type="checkbox"/> Local <input type="checkbox"/> | Central <input type="checkbox"/> Local <input type="checkbox"/> | Central <input type="checkbox"/> Local <input type="checkbox"/> |
| HEAT DETECTORS: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| SMOKE DETECTORS: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| DISTANCE TO FIRE HYDRANT: | feet | feet | feet |
| DISTANCE TO FIRE HALL: | miles | miles | miles |

INSURABLE VALUES

| | | | |
|---|--------|--------|--------|
| BUILDING: | \$ | \$ | \$ |
| EQUIPMENT (<i>including tenant or unit improvements</i>) | \$ | \$ | \$ |
| OFFICE CONTENTS (<i>including computer hardware/software</i>) | \$ | \$ | \$ |
| LAPTOP COMPUTERS | \$ | \$ | \$ |
| STOCK (<i>actual cash value</i>) | \$ | \$ | \$ |
| BUSINESS INTERRUPTION: | \$ | \$ | \$ |
| PROFITS OR GROSS EARNINGS: | \$ | \$ | \$ |
| - INDEMNITY PERIOD | months | months | months |
| GROSS RENTS: | \$ | \$ | \$ |
| - INDEMNITY PERIOD | months | months | months |



REVENUES

| | | |
|--|---------------------|------|
| | Products – Services | Fees |
| DESCRIPTION OF APPLICANT'S OPERATIONS AND ANNUAL SALES | | \$ |
| | | \$ |
| COMMERCIAL GENERAL LIABILITY LIMITS: | \$ | |

CLAIMS HISTORY *(Please provide details of all Losses in the past 5 years and (including legal defence costs)*

| DATE OF LOSS | CLAIMS STATUS (OPEN / CLOSED) | DESCRIPTION OF LOSS | RESERVE | AMOUNT PAID | DEDUCTIBLE |
|--------------|----------------------------------|---------------------|---------|-------------|------------|
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |

- Are you aware of any other incidents which may result in a claim(s) against you? Yes No
- If Yes, please provide details:

PREVIOUS POLICY

| PREVIOUS INSURER: | POLICY NUMBER: | EXPIRY DATE: | POLICY TYPE: (PACKAGE, CGL, OR PROFESSIONAL) | CLAIMS MADE OR OCCURRENCE FORM? |
|-------------------|----------------|--------------|---|---------------------------------|
| | | | | |

- In the past 5 years, has any Insurer refused or cancelled any liability policies? Yes No
- If Yes, please provide details:

SIGNATURE *Please sign below where indicated:*

I/We declare that statements made herein are in every respect true and correct and hereby apply for contract insurance to be based upon the truth of said statements.

| | |
|--|--------------------------|
| X | X |
| Signature of Signing Officer (Applicant) | Title of Signing Officer |
| X | X |
| Print Name of Signing Officers (Applicant) | Date Signed: |



Payment Options:

Payment for application may be sent by either cheque payable to “BFL Canada Insurance Services Inc.” or by credit. To pay by credit, please fill out the following form and return to BFL at your earliest convenience.

| | |
|---|-------|
| CLIENT NAME: | _____ |
| ACCOUNT NUMBER: | _____ |
| CREDIT CARD NO. (VISA/MASTERCARD/AMEX): | _____ |
| CREDIT CARD EXPIRY DATE: | _____ |
| AMOUNT TO BE PROCESSED: | _____ |
| NAME OF CARDHOLDER: | _____ |
| CARDHOLDER'S SIGNATURE: | _____ |
| <i>PLEASE NOTE: If you would like to receive your credit card receipt by email please provide your email address below:</i> | |
| EMAIL: | _____ |

Please return completed application to:**BFL Canada Insurance Services Inc.**

1177 West Hastings Street, Suite 200

Vancouver, BC V6E 2K3

Phone No: (604) 669 9600

Toll Free: (866) 669 9602

Fax No: (604) 683 9316

Email: atcma@bflcanada.ca