

New Location Underwriting Information

Coverage To Be Effective:

Description of Operations at:
(Address)

Operating as:
(Division Entity's Name)

Year Business Established:

Radius of Operations:

Estimated Annual Revenue: **Confidential**

Breakdown of Product/Operation:

Description:	% of Annual Sales:
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Breakdown by Territory:

Canada:
United States:
Other (Specify):

Percentage/Description of Work Sublet:

Estimated Payroll/No. of Employees: \$

Breakdown by Classification:

<u>Class</u>	<u>WCB Code</u>	<u>No. of Employees</u>	<u>Payroll</u>
Office/Administration			
Sales			
Operations			

Construction/Occupancy Information:

Year Built

Height(# of Stories)

Floor

Walls

Roof

Total Square Footage

Area Occupied by Insured

Description of Use

Area Occupied by Others

Description of Use

Type of Heating

Protection Information:

Fire Protection:

Sprinklered:

Alarm:

Hydrants:

Distant to Firehall: ___ Miles
(# of Miles)

Theft Protection:

Alarm:

Security Service:

Fenced Yard:

Other Protection: