



**Bakery Application**

Business Name: \_\_\_\_\_  
Name of Principal (s): \_\_\_\_\_  
Bus. Phone # \_\_\_\_\_ Res. Phone # \_\_\_\_\_  
Brief Description of Operations: \_\_\_\_\_  
\_\_\_\_\_

**Building Details**  
Location Address: \_\_\_\_\_  
 Tenant  Building Owner Area Occupied: \_\_\_\_\_ sq. ft.  
Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
Building Construction:  
 Fire Resistive/Non-Combustible  Steel/Masonry  Frame/Brick Veneer  
Roof Construction:  
 Asphalt Shingles  Flat Tar & Gravel  Steel Deck  Other \_\_\_\_\_  
Primary Heating Source:  
 Central Hot Air  Central Water/Steam  Electric  Other \_\_\_\_\_  
If the building is older then 30 years, please provide the year upgraded:  
Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_  
Electrical: \_\_\_\_\_  
Other occupants in building: \_\_\_\_\_  
Distance to Nearest Fire Hydrant:  Within 500 feet  Over 500 feet  
Distance to Nearest Fire Hall:  Within 5 kms  Over 5 kms  
Sprinklered:  Yes  No Burglar Alarm:  None  Local  Monitored  
Number of Portable Fire Extinguishers: \_\_\_\_\_

**Coverages & Limits**  
Building: \$ \_\_\_\_\_ Contents: \$ \_\_\_\_\_  
Stock: \$ \_\_\_\_\_  
*Extensions of coverage are automatically included*  
Dishonesty, Disappearance & Destruction of Money & Securities:  
 \$1,000  \$2,500  \$5,000  Other \$ \_\_\_\_\_  
*Equipment Breakdown & Business Interruption coverages are automatically included*  
Commercial General Liability:  
 \$1,000,000  \$2,000,000  \$5,000,000  Other \$ \_\_\_\_\_

**Underwriting Information**  
Number of years in Business: \_\_\_\_\_ Number of years experience in similar field: \_\_\_\_\_  
Annual Gross Revenue: \_\_\_\_\_ Confirm No US Exposure   
Do you do any deep fat frying?  Yes  No  
Are you licensed to serve alcohol?  Yes  No  
Do you have any food deliveries?  Yes  No  
Do you have a seating area?  Yes  No How Many? \_\_\_\_\_



**Previous Insurance & Claims**

Current Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Has any insurer cancelled or declined to renew your insurance:  Yes  No

Any claims in the last 5 years?  Yes  No

If yes, please provide details:

Date of Claim	Description	Amount
_____	_____	_____
_____	_____	_____