

## APPLICATION FOR DENTAL OFFICE INSURANCE

TYPE OF POLICY - COMMERCIAL EDGE ACCEL PLUS

BASIC INFORMATION					
LEGAL NAME OF INSURED:			FULL NAME OF PRINCIPAL(S):		
MAILING ADDRESS:		CITY:		POSTAL CODE:	
BUSINESS LOCATION ADDRESS:		CITY:		POSTAL CODE:	
BUSINESS TEL:	EMAIL ADDRESS:		NO. YEARS IN BUSINESS:		
PREVIOUS INSURER:		EXPIRY DATE:		HAS ANY PREVIOUS INSURANCE BEEN DECLINED OR CANCELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY CLAIMS IN THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE DETAILS:				
MORTGAGEE / LOSS PAYEE / LANDLORD NAME:			MORTGAGEE / LOSS PAYEE / LANDLORD ADDRESS:		
CITY:	POSTAL CODE:		ADDITIONAL INSUREDS UNDER THIS POLICY:		
LOCATION DETAILS (ATTACH PHOTOS WHERE POSSIBLE)					
WALLS: <input type="checkbox"/> HCB <input type="checkbox"/> BRICK <input type="checkbox"/> FRAME	FLOOR: <input type="checkbox"/> WOOD JOIST <input type="checkbox"/> CONCRETE		ROOF: <input type="checkbox"/> ASPHALT <input type="checkbox"/> METAL <input type="checkbox"/> TAR		
BUILDING TYPE: <input type="checkbox"/> OFFICES <input type="checkbox"/> PLAZA <input type="checkbox"/> SINGLE		TOTAL AREA OF BUILDING - SQ FT.:	AREA OCCUPIED BY INSURED:		
NO. OF STOREYS:	IS THERE A BASEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HEATING: <input type="checkbox"/> FORCED AIR <input type="checkbox"/> BOILER <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> OTHER _____		ELECTRIC: <input type="checkbox"/> BREAKERS <input type="checkbox"/> FUSES	AGE OF BUILDING:
IF BUILDING IS OLDER THAN 35 YEARS OLD, HAVE UPDATES BEEN CARRIED OUT ON:		PLUMBING <input type="checkbox"/> YES <input type="checkbox"/> NO	ROOF <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THERE A RESTAURANT, RETAIL MATTRESS, FURNITURE OR FIREWORKS IN THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		ELECTRICAL <input type="checkbox"/> YES <input type="checkbox"/> NO	HEATING <input type="checkbox"/> YES <input type="checkbox"/> NO		
PHYSICAL PROTECTION					
IS THE BUILDING SPRINKLERED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTANCE TO HYDRANT:		DISTANCE TO FIRE HALL:	
IS THERE A BURGLAR ALARM SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS ALARM MONITORED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM?	IS THERE A FIRE DETECTION SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DETAILS OF OTHER PHYSICAL PROTECTION: (EG. DEAD BOLTS, BARS ON WINDOWS, CAMERAS, ETC.)					
OPERATIONAL DETAILS					
NO. OF DENTISTS:	NO. OF DENTAL HYGIENISTS:		NO. OF OTHER MEDICAL PROFESSIONALS:	NO. OF OTHER EMPLOYEES:	
LIMITS OF COVERAGE REQUESTED (SUBJECT TO \$1000 DEDUCTIBLE WHERE APPLICABLE)					
BUILDING:	EQUIPMENT:	STOCK:	LIABILITY:	UMBRELLA LIABILITY:	
<b>INCLUDED</b>	<b>INCLUDED</b>	<b>INCLUDED</b>	<b>INCLUDED</b>	<b>INCLUDED</b>	<b>INCLUDED</b>
COMMENTS					

YOUR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you for completing the form

Please **save the form** and email it back to our office at: [insurance@robertsonhall.com](mailto:insurance@robertsonhall.com) or click here

