



**SOA OUTFITTER LODGE PROPERTY INSURANCE APPLICATION**

**Return Application by fax to (780) 542-7775 or email to [kathy.copeland@hubinternational.com](mailto:kathy.copeland@hubinternational.com)**

Name: \_\_\_\_\_

Business Form:  Corporation  Partnership  Individual  Other

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Coverage Effective Date: \_\_\_\_\_

Years of Operation: \_\_\_\_\_ Years of Experience in this or Similar Operation: \_\_\_\_\_

Seasons of Operations: is your operation open  year round or  seasonal (months of operation): \_\_\_\_\_

Caretaker on Premises Year Round if Seasonal:  Yes  No Details: \_\_\_\_\_

If No, Have you scheduled off-season inspections Yes  No Details: \_\_\_\_\_

Is Premises located within 10km of fire hall?  Yes  No

Fire Fighting Equipment on Premises:  Yes  No Details: \_\_\_\_\_

Loss History: Describe all Property Related losses in the last 5 years:  None or Describe: \_\_\_\_\_

Current Insurer and Policy Number: \_\_\_\_\_ Current Premiums: \_\_\_\_\_

**ALL PROPERTY - SCHEDULE OF VALUES**

- 1) Amount of insurance is bases on **Replacement Cost**.
- 2) Values **must** include transportation costs of equipment or materials to Insured location & labor to rebuild.

	1	2	3
<b>Building #:</b>	_____	_____	_____
<b>Legal Address:</b>	_____	_____	_____
<b>Nearest Town:</b>	_____	_____	_____
<b>Use:</b>	_____	_____	_____
<b>Building:</b>	\$ _____	\$ _____	\$ _____
<b>Contents:</b>	\$ _____	\$ _____	\$ _____
<b>Equipment:</b>	\$ _____	\$ _____	\$ _____
<b>Boats: Hull(s)</b>	\$ _____	\$ _____	\$ _____
<b>Motor(s)</b>	\$ _____	\$ _____	\$ _____
<b>Stock: Food</b>	\$ _____	\$ _____	\$ _____
<b>Stock: Alcohol</b>	\$ _____	\$ _____	\$ _____
<b>Stock: Supplies</b>	\$ _____	\$ _____	\$ _____
<b>Tools:</b>	\$ _____	\$ _____	\$ _____
<b>Fuel/Oil:</b>	\$ _____	\$ _____	\$ _____
<b>Other:</b>	\$ _____	\$ _____	\$ _____
<b>TOTALS:</b>	\$ _____	\$ _____	\$ _____

## BUILDING SUPPLIMENT

**PLEASE COMPLETE ONE QUESTIONNAIRE PER BUILDING TO BE INSURED AND SUPPLY PHOTOS, SITE PLAN AND DISTANCE BETWEEN BUILDINGS, WHEN POSSIBLE.**

Name: \_\_\_\_\_

Description of Building & Use: \_\_\_\_\_

Building# \_\_\_\_\_ Location: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Fire Protection: <input type="checkbox"/> Hydrant <input type="checkbox"/> Fire Hall <input type="checkbox"/> Unprotected		Year Built:	Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction: <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Other: _____			
Roof: Age _____ <input type="checkbox"/> Metal <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> Updated _____			
Heating: <input type="checkbox"/> Forced Air <input type="checkbox"/> Electric <input type="checkbox"/> Hot Water <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood - ULC Approved <input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical: <input type="checkbox"/> Fuses <input type="checkbox"/> Breakers <input type="checkbox"/> Other		Wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminium Age: _____	
Alarms: <input type="checkbox"/> Local Alarm <input type="checkbox"/> Centrally Monitored	Smoke Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No	Locked Gate <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No
Building Updates:			
Cooking in this building? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes: Is there a Deep Fat Fryer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Cooking, is there a Wet Chemical System covering the cooking area? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Last Serviced: _____			

Description of Building & Use: \_\_\_\_\_

Building# \_\_\_\_\_ Location: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Fire Protection: <input type="checkbox"/> Hydrant <input type="checkbox"/> Fire Hall <input type="checkbox"/> Unprotected		Year Built:	Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction: <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Other: _____			
Roof: Age _____ <input type="checkbox"/> Metal <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> Updated _____			
Heating: <input type="checkbox"/> Forced Air <input type="checkbox"/> Electric <input type="checkbox"/> Hot Water <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood - ULC Approved <input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical: <input type="checkbox"/> Fuses <input type="checkbox"/> Breakers <input type="checkbox"/> Other		Wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminium Age: _____	
Alarms: <input type="checkbox"/> Local Alarm <input type="checkbox"/> Centrally Monitored	Smoke Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No	Locked Gate <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No
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