

CAPSTONE INSURANCE SERVICES LTD. O/A
ADMIRAL INSURANCE SERVICES (CAPSTONE)
UNIT 1155 – 4380 NO. 3 ROAD, RICHMOND, B.C. V6X 3V7
TEL: (604) 718-9038 FAX: (604) 718-9039 Email: info@capstoneins.ca

Revised: March 13, 2014

COMMERCIAL EVALUATION FORM

Insured: _____

Nature of Business: _____

Mailing Address _____ Risk Location _____

Phone: _____ Fax: _____ Contact: _____

Website Address: _____ Email: _____

Loss Payee: _____

Lawyer's Name & Phone #: _____

Effective Date: _____

Additional Named Insured & Location: _____

UNDERWRITING INFORMATION

of Storeys: _____ Building Age: _____ Sq. Footage: _____

Heating: _____ Roof: _____ Electrical: Breaker / Fuse

Sprinklers: Yes / No Pictures Attached? : Yes No

Construction: HCB Frame Steel Slat Other: _____

House Keeping: Good Fair Poor CO2 System and Maint: Yes No

Occupancy: Neighbour (Left): _____

Neighbour (Right): _____

Others: _____

Burglary Protection: Make: _____ Local Monitored

Details of Alarm System (ULC/CSC/DED.LINES) BY _____

Length of Time in Business: _____ Years @ Location: _____

Annual Gross Receipt: _____ U.S.A. Sales (%): _____

Payroll: _____

Type of Safe (Class): I II III IV _____

Inspection Date: _____ By Whom: _____

Previous Insurer: _____ Policy #: _____ Prem: \$ _____

Loss History in the Past 5 Years (MUST COMPLETE, write "NIL" if none.)

Date Submitted: _____ Submitted By: _____

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Building \$ _____ Limit
 All Risk Replacement Cost
 \$ _____ Deductible _____ % Co-Insurance
 By-Law Endorsement Earthquake/Flood

Stock \$ _____ Limit
 All Risk
 \$ _____ Deductible _____ % Co-Insurance
 Water Damage Earth/Flood
 Reporting Form Consequential Loss
 Customer Goods \$ _____
 Unnamed Location \$ _____
 Raw & Completed \$ _____

Transit \$ _____

Business Interruption \$ _____
 All Risk
 No-Co Earnings
 Profits Form Indemnity
 Ordinary Payroll Exclusion
 _____ % Co-Insurance
 Valued \$ _____ wk _____ wks, Days open

Extra Expenses \$ _____

Auditors Fees \$ _____

Valuable Papers \$ _____

Accounts Receivable \$ _____
 Reporting Non Reporting

Rental Income
 50% Co-Insurance 100% Co-Insurance

Computer
 Extra Expense Data Off Premises
 Media Hardware
 Breakdown Cover \$ _____ Deductible

Office Equipment Floater \$ _____
 All Risk Replacement Cost
 \$ _____ Deductible _____ % Co-Insurance

Motor Truck Cargo
 All Risk Radius
 \$ _____ Deductible _____ Vehicle

Tenants Legal Liability \$ _____ All Risk

Liability \$ _____
 Commercial General Liability
 \$ _____ Deductible
 U S Exposure Garage
 Storekeepers Premises, Property, Operations

O L & T
 Broad Form Property Damage
 Occurrence Property Damage
 Contingent Employers
 Personal Injury
 Non-Owned Automobile
 Independent Contractors
 Products Completed Operations

Employee As Named Insured
 Blanket Contractual Cross Liability
 Elevator Attached Equipment
 Moist Collision

Advert Liability
 Gas/Propane Conversion Medical Payments

Malpractice \$ _____ Type _____

Crime \$ _____
 In/Out Holdup Custodians Home
 Open Stock Burglary Broad Form Money
 Safe Burglary Burglary Damage to bldg
 Cash Float Weekend Endorsement

Bond \$ _____ Type _____

Glass
 \$ _____ Deductible Limit Per Panel
 Lettering Included/Excluded Alarm Foil

Boiler \$ _____
 Broad Form Comprehensive
 Repair/Replacement \$ _____ Deductible
 Bus. Int Type _____
 Limit Per Day _____ Days _____

Tool Floater \$ _____ Deductible
 All Risk Replacement Cost

Neon Sign \$ _____ Deductible
 All Risk Replacement Cost

Contractors Equipment \$ _____ Deductible
 All Risk Replacement Cost