

**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