

**Toronto Office:** 18 King St. E., Suite 903 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

## APPLICATION – COMMERCIAL PROPERTY RENEWAL SURVEY

Name of Applicant: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Any change to the Mailing Address?  Yes  No

If Yes, what is the new Mailing Address? Street \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal code \_\_\_\_\_

### 1. PLEASE DESCRIBE ANY MATERIAL CHANGES TO THE OPERATIONS OR PREMISES SINCE LAST RENEWAL.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. ANY CHANGES TO INSURED LIMITS?

Yes  No If Yes, please complete the table below.

	CURRENT INSURED LIMITS	NEW INSURED LIMITS		CURRENT INSURED LIMITS	NEW INSURED LIMITS
Building	\$	\$	Contractors Equipment	\$	\$
Stock	\$	\$	Tools	\$	\$
Equipment	\$	\$	Transit	\$	\$
Office Contents	\$	\$	Other	\$	\$
Gross Earnings	\$	\$	Other	\$	\$
Profits	\$	\$	Other	\$	\$
Extra Expense	\$	\$	Other	\$	\$

3. COMMENTARY – ANY OTHER CHANGES OR CONCERNS?

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THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_



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