

**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 – MISCELLANEOUS PROPERTY FLOATER

Name of Insured or Applicant (Full Legal Name): \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Business Activities: \_\_\_\_\_

Off Season Storage location: Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

• Type of Storage (including construction): \_\_\_\_\_

During Season Storage location: Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

• Type of Storage (including construction): \_\_\_\_\_

What Security Measures are in place? (off season):

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

(During Season): \_\_\_\_\_

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

Are any items transported by any form of commercial carrier? \_\_\_\_\_

Miscellaneous Property is:  Rented out  Used & stored by others  Only handled & kept by insured

Additional Information:

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

Unscheduled Property is limited to \$1,000 on any one (1) item.

Provide a list of items to be covered under the Miscellaneous Property Floater.  
If more space is required, attach a separate sheet.

QUANTITY	ITEMS (MAKE, MODEL, SERIAL NO., YEAR OF MANUFACTURE)	VALUE OF ITEM (100% CO-INSURANCE)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

If scheduled items are stored in multiple locations, please provide a split of items to locations.

PLEASE NOTE THAT THIS IS AN APPLICATION ONLY. IT DOES NOT CONSTITUTE AN INSURANCE POLICY. INSURANCE SHALL BECOME EFFECTIVE ONLY ON THE ISSUANCE OF A POLICY OR WRITTEN BINDER SPECIFICALLY AUTHORIZED BY THE COMPANY OR AGENCY. QUOTATIONS WILL BE BASED UPON THE INFORMATION PROVIDED AND THE APPLICANT WARRANTS THAT THIS INFORMATION IS TRUE.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_



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