



OPTICIANS ASSOCIATION OF CANADA



RETAIL STORE INSURANCE PROGRAM

TO OBTAIN A QUOTATION, COMPLETE & RETURN TO:

THE MITCHELL & ABBOTT GROUP
Suite #305, 393 Rymal Road West, Hamilton, Ontario L8V 5C4

Name of Applicant: _____

Store Address: _____

Mailing Address: _____
(if different from store address)

City: _____ Province: _____ Postal: _____

Tel: _____ Fax: _____ E-Mail: _____

Contact Name: _____

Name & Address of Mortgagees/Lienholders: _____

Additional Insured: _____

BUILDING TYPE

- Single Building
- Multi Unit/Strip Mall
- Enclosed Mall

CONSTRUCTION

- Frame/Brick Veneer
- Masonry
- Non-Combustible
- Fire Resistive

FIRE PROTECTION

- Within 500 ft of Fire Hydrant?
- Within 3 miles of Fire Hall?
- Building Sprinklered?

ALARM SYSTEM

- Central Station
- Monitoring Station
- Local (bell or siren)
- Burglar
- Fire
- ULC

CHECK ALL THAT APPLY

- Motion Detectors?
- Smoke/Heat Detectors?
- Alarm Line Security?
- Surveillance Cameras?
- Money Safe? Class _____
- Daily Deposits?
If not, how frequent _____
- Employees covered by WSIB?

- OAC Member?
- Errors & Omissions required?
of Opticians _____
- Other Burglary Protection (describe)

Describe the type of businesses on each side of your store:

1. _____
2. _____

Present Insurance:

Company Name: _____ Policy #: _____

Expiry Date: _____ Premium: _____

Has your insurance been cancelled, declined or refused within the last years? _____

How long in business? _____

Claims History (last 5 years)

1. _____
2. _____
3. _____

INSURANCE VALUES:

STOCK: (frames, lenses, contacts etc) Wholesale Value: \$ _____

STOCK: (high value sun glasses) \$ _____

LEASEHOLDS: Replacement Value:\$ _____

EQUIPMENT: (includes furniture, store fixtures, computers, cash registers, office supplies, shelves & generally all contents NOT mentioned above) Replacement Value: \$ _____

BUILDING: (if owned by you or you are required to insure under a Lease Agreement) Replacement Value: \$ _____
(Age of Building _____)

OTHER: Replacement Value: \$ _____

MONEY: Maximum amount during business hours \$ _____

Maximum amount on premises overnight \$ _____

Gross Annual Sales \$ _____

Signature of Applicant: _____ Date: _____