



**Lackner McLennan Insurance**  
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**Information Needed for Change of Location:**

Full operating name: \_\_\_\_\_  
 Full Incorporated Business Name: \_\_\_\_\_  
 In Business since: \_\_\_\_\_  
 Web site address: \_\_\_\_\_  
 Phone # you can be reached at during the day: \_\_\_\_\_ (Is this a cell #?) Yes   
 Mailing Address:  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Location Address:  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Are you a Tenant  (Please forward a copy of the insurance portion of your lease so I can be sure your insurance policy is in compliance)  
 Is the Building an Owned Commercial Condominium? Yes  No   
 Are you the owner of the Condominium? Yes  No   
 Effective date of addition of location: \_\_\_\_\_  
 Date you are getting the keys to do renovations prior to move in date: \_\_\_\_\_

Does your landlord require Proof of Insurance before giving you the keys? Yes  No   
 Please ensure that this information is provided before we begin issuing documentation, or delays will occur which can cause delays in obtaining your keys. Your lease will specify, or please confirm with your landlord or property management company.  
 If your landlord has requested to be added as an Additional Insured, please provide their full Corporate name and mailing address:  
 \_\_\_\_\_

Are renovations being done to the premises prior to your moving in? Yes  No   
 If yes, are renovations minor? (clean up and paint and minor repairs) Yes  No   
 OR will renovations be more extensive involving updates to electrical, plumbing, heating or roof? Yes  No   
 If yes to extensive updates, please advise who is doing the work: Yourself  Contractor

Will there be a period of time that you still have possession of the original location? Yes  No   
 Date you will be fully out of the old location and terms of the lease will be satisfied: \_\_\_\_\_

Will you be SUB-LETTING your old space? Yes  No   
 IF YOU ARE SUB-LETTING, please ensure the sub-tenant is fully in compliance with your lease. Please have them add you to their insurance policy (using the name as shown on your lease). Eg. XYZ Company Ltd. is added as Additional Insured, but only with respect to the activities of the Named Insured".

Type of building: Industrial  Commercial  Retail Strip Mall  Retail (with apartments upper floor)  Other: \_\_\_\_\_  
 # of Stories: One  Two  More: (indicate #) \_\_\_\_\_  
 Is there a basement: Yes  No   
 Construction of Outside Walls: Hollow Concrete Block  Masonry  Brick  Steel  Frame   
 Construction of Floors: Poured Concrete  Frame  Other (describe) \_\_\_\_\_  
 Construction of Roof: Steel Deck  Frame  Asphalt Shingle  Other \_\_\_\_\_  
 Approximate Square Footage of the building: \_\_\_\_\_ s.f.  
 Square Footage of the area you are occupying: \_\_\_\_\_ s.f.  
 YEAR BUILT: \_\_\_\_\_

**If over 25 years ago, please confirm the year that the following updates were completed:**

Electrical		Partial		Complete		Year	
Plumbing		Partial		Complete		Year	
Heating		Partial		Complete		Year	
Roof		Partial		Complete		Year	

Type of Heating system: Suspended Forced Air Gas  Electrical  Rooftop HVAC units   
 Electrical System: Breakers  Fuses  Copper  Aluminum  Other: \_\_\_\_\_  
 Distance to hydrant: Within 150 meters  Within 300 meters  No hydrants   
 Distance to nearest responding paid fire hall: Within 5 km  Within 8 km  Over 10 km   
 Burglar Alarm: Yes  No  Monitored 24 hours? Yes  No   
 Fire Alarm: Yes  No  Monitored 24 hours? Yes  No   
 Do the premises have a sprinkler system? Yes  No   
 Are there fire extinguishers on premises? Yes  No

**If there are any changes to your limits required, please indicate new values below:**

CONTENTS LIMIT: \$ \_\_\_\_\_

**Contents include all your equipment, monitors, furnishings, lockers, computers, etc.**  
 - Valuation should be on a Replacement Cost Basis

STOCK LIMIT: \$ \_\_\_\_\_

**Stock – Product that you hold for sale, such as supplements, t-shirts, water bottles etc.**  
 - Valuation is Actual Cash Value (your cost to purchase, not selling price)

TENANTS IMPROVEMENTS AND BETTERMENTS: \$ \_\_\_\_\_

**Tenants Improvements and Betterments – defined as building improvements, alternations and betterments made at the expense of the Insured (OR on behalf of the insured in the case of a landlord paying for them initially), to a building occupied by the insured, and for which the insured does not own. Your lease will more than likely make you responsible to insure the use interest in tenant’s improvements made by a predecessor tenant. Please consult with your landlord to find out what that value would be. \* Rule of thumb is \$20 per square foot minimum. - Valuation is Replacement Cost**

**\*\*\*\*IMPORTANT\*\*\*\* Please advise if you will be doing any other activities other than the ones we have already been informed of.**