



Lackner McLennan Insurance
423 King Street North, Waterloo, ON N2J 2Z5
1-800-265-2625 Ext. 320 • Fax: 519-579-1151
Joanne LeGal, CIP, CRM
Joanne@trainerinsurance.ca

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.**