



181 Bay Street
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Toronto, Ontario
M5J 2T3
Tel: 416-365-7587
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LIBERTY MUTUAL INSURANCE COMPANY (the 'COMPANY')
PROPERTY TERRORISM APPLICATION

In order to provide a quotation you must specify an amount of insurance per location you want covered.

Blanket coverage is not available.

Maximum Aggregate Limit of Liability available is \$100,000,000 CAD

Named Insured and all subsidiary companies to be insured on this policy: _____

Address of Property Insured: _____

(if more than one location, a schedule of locations must be attached with breakdown of values)

Total Insurable Values:

Building: _____

Contents: _____

Business Interruption: _____

Rents: _____

Extra Expense: _____

Other (please specify): _____

Valuation Basis: Actual Cash Value _____ Replacement Cost _____

Deductible Requested: _____

Property Currently Insured with LIU: Yes _____ No _____

If No, Current Property Carrier: _____

Description of Business Operations (description of each insured location required):

Description of area surrounding each insured location (financial center, commercial center, rural, industrial park, government center, tourist attraction/points of interest):

Security Provided at Insured Location(s):

Alarm System:	Yes _____	No _____	If yes, centrally monitored? _____
24 Hour Guard Service:	Yes _____	No _____	
Perimeter Fencing:	Yes _____	No _____	
Intrusion Detection System:	Yes _____	No _____	
Access Control for Employees:	Yes _____	No _____	
Access Control for Visitors:	Yes _____	No _____	
Parking Facilities in Building:	Yes _____	No _____	
If yes, access control of lot:	Yes _____	No _____	
If yes, security cameras in lot:	Yes _____	No _____	

Has any entity insured under this policy suffered a loss, insured or not, in the past from an incident of sabotage or terrorism? Yes _____ No _____

If yes, please provide details (date of incident, location, description of incident and amount of damage):

This submission of this application does not oblige the Company to issue a policy nor the Applicant to accept a quotation. However, the information provided will be used to determine the acceptability of the risk and premium charged for the coverage to be provided and the representations will be used as the basis upon which any policy may be issued. In the event of any material change to this information prior to the policy being delivered, the Applicant must notify the Company in writing promptly and any outstanding quotation shall be void.

By signing the below, the authorized officer represents that the information provided in and with this Application are, to the best of his/her knowledge and belief complete and true.

Authorized Signature of Applicant: _____

Name & Title of Authorized Officer: _____

Date: _____