



# BUILDING INFORMATION

## Section 3 Structure Details

1. Address of property to be insured:

**Note:** In the building to be insured, the applicant must have or intend to have a dental office, which is insured under the TripleGuard™ Insurance plan or the TripleGuard™ Insurance Associate Package.

Street and Number \_\_\_\_\_ Suite No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Name and phone number of contact for inspection purposes  
(For example, your Building Manager):

Last \_\_\_\_\_

Telephone \_\_\_\_\_

3. In what year was the building constructed? \_\_\_\_\_

4. Number of years the property has been under its current ownership: \_\_\_\_\_

5. Number of storeys: \_\_\_\_\_

6. Is there a basement?  Yes  No

7. Total square footage of the building: \_\_\_\_\_

8. Total square footage of the grade (main) floor area: \_\_\_\_\_

9. Type of Construction (e.g. wood, steel, brick, concrete, etc.):

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Roof \_\_\_\_\_

10. How is the building heated? \_\_\_\_\_

- 11.A. Is the building air conditioned?  Yes  No

- B. If air conditioned, is the air conditioning system a:

- Central H.V.A.C system, or  
 Rooftop H.V.A.C system, or;  
 Window-mounted unit(s)

12. Are there any boilers or pressure vessels on the premises that require certification?

Yes  No

13. Is there a fire hydrant located within 500 meters of the premises?

Yes  No

14. Distance from the premises to nearest fire hall:

0-5 km or  more than 5 km

- 15.A. Is there a fire sprinkler system on the premises?

Yes  No

- B. If there is a sprinkler system, is it  wet  dry  both?

- C. If there is a sprinkler system, is it connected to a central monitoring system?

Yes  No

- 16.A. Is the building (not just your dental practice or a tenant's space) protected by a security alarm system?

Yes  No

- B. If "Yes", is the alarm system centrally monitored?

Yes (List monitoring company) \_\_\_\_\_

No

17. Please describe all of the exposures relating to the premises:  
(Example: Side 1 Exposure: "A 100-foot wide parking lot adjacent to the property is next to a neighbouring one storey brick house.")

Front Exposure: \_\_\_\_\_

Back Exposure: \_\_\_\_\_

Side 1 Exposure: \_\_\_\_\_

Side 2 Exposure: \_\_\_\_\_

18. Do you have solenoid switches on your water lines?

Yes  No

- 19.A. Has your building been designated a heritage building?

Yes  No

- B. If "Yes", have you had a recent professional appraisal of the property? (A professional appraisal reflects the cost of replacing the building. A real estate appraisal is not valid for this purpose since it includes market value.)

Yes  No

If "Yes", please include a copy of the professional appraisal with your application.

**20.** Have any of the following systems at the premises been renovated?

**A. Electrical** If "Yes" provide details and completion date of most recent renovation

Yes  No

\_\_\_\_\_

Day Month Year

**B. Heating** If "Yes" provide details and completion date of most recent renovation

Yes  No

\_\_\_\_\_

Day Month Year

**C. Plumbing** If "Yes" provide details and completion date of most recent renovation

Yes  No

\_\_\_\_\_

Day Month Year

**D. Roofing** If "Yes" provide details and completion date of most recent renovation

Yes  No

\_\_\_\_\_

Day Month Year

**21.** Please list the name and address of all mortgagees (e.g. a lending institution) and all loss payees (e.g. an equipment leasing company) associated with the property:

**A. Mortgagee**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street and Number Suite No.

\_\_\_\_\_  
City/Town Province Postal Code

**B. Mortgagee**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street and Number Suite No.

\_\_\_\_\_  
City/Town Province Postal Code

**C. Loss Payee**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street and Number Suite No.

\_\_\_\_\_  
City/Town Province Postal Code

**D. Loss Payee**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street and Number Suite No.

\_\_\_\_\_  
City/Town Province Postal Code

## Section 4 Occupancy Details

1. Please provide details about all occupants at the location to be insured (including your dental practice):

Name of occupant	Use (e.g. office, residence)	Square Footage Occupied

2. A. Are any of the occupants listed above restaurants/eateries?

Yes  No

*If "Yes", please attach (for each restaurant) a copy of the service agreement or a copy of the annual inspection certificate. If "No", please go to Section 5.*

B. If any occupants are restaurants, do they use deep fat fryers?

Yes  No

C. If deep fat fryers are used, is there an automatic chemical extinguishing system (ULC 300 or ULC 1254.6) on the premises?

Yes  No

D. If deep fat fryers are used, is there a Class K wet chemical portable extinguisher on the premises?

Yes  No

E. If any occupants are restaurants and deep fat fryers are not used, is there a dry chemical system on the premises?

Yes  No

Continued... ►

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