

**WILLIAM J. HENRY & ASSOC. INC.**

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**APPLICATION FOR SMALL MANUFACTURING RISK**

Name of Insured & Principal(s): \_\_\_\_\_  
\_\_\_\_\_

Mailing adresse: \_\_\_\_\_  
\_\_\_\_\_

Name of mortgage(s): \_\_\_\_\_  
\_\_\_\_\_

Amount of mortgage(s): \_\_\_\_\_

Location of risk: \_\_\_\_\_

Construction & age of building: \_\_\_\_\_

Occupation & activites by Insured: \_\_\_\_\_

Occupation by others: \_\_\_\_\_

Protection: Sprinklers: \_\_\_\_\_  
Extinguisher(s): \_\_\_\_\_  
Fire hydrants: \_\_\_\_\_  
Other: \_\_\_\_\_  
Alarm system: \_\_\_\_\_  
Connected to station: \_\_\_\_\_  
Make: \_\_\_\_\_  
Dust collector: \_\_\_\_\_  
Spray-booth: \_\_\_\_\_ Approved: \_\_\_\_\_

Housekeeping: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Flammables liquids: Yes \_\_\_\_\_ No \_\_\_\_\_

How stored: \_\_\_\_\_

Installation: Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Insured require any evidence of Liability insurance from sub-contractors?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Exposures and distances: \_\_\_\_\_

Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Right: \_\_\_\_\_  
Left: \_\_\_\_\_

Present Insurer(s): \_\_\_\_\_

Loss(es) 5 years: \_\_\_\_\_  
\_\_\_\_\_

Broker's signature

Date