

Request Date: _____

Named Insured: _____

Address of Insured: _____

City: _____ Province: _____ Postal Code: _____

Form of Business: Corporation Individual Joint Venture Limited Liability Other

Telephone Number: () _____ Fax: () _____

Email: _____

Requested Effective Date: _____ Expiry Date: _____

Have you had losses (due to liability claims) in the past five years? Yes No

Have you ever filed for bankruptcy? Yes No

Have you ever had insurance cancelled or Non Renewed for any reason? Yes No

Does the applicant require certificate(s) of insurance? Yes No

Products to be sold/demonstrated: _____

Coverage Limits: \$5,000,000. Commercial General Liability (CAD)

\$5,000,000. Aggregate (CAD)

** Subject to \$500. Bodily Injury/Property Damage Deductible

Exclusion: Explosives, Fireworks.

Premium: \$125. + \$25. Policy Fee (subject to 8% PST)

DECLARATION:

To the best of my knowledge and belief all statements made in the Application for Insurance are true. Signing of this document does not bind the applicant to complete the insurance, but it is agreed that this application shall be the basis of the contract, should a policy be issued.

Payment info: Visa MasterCard Credit Card Number: _____

Expires (mm/yr) _____ / _____ Name on card _____

Applicant Signature: _____ Date: _____