

Please note – This Application Form is for a Claims Made Policy. A Claims Made Policy only responds to claims made against the Insured and notified to the Underwriters during the period of insurance.

1. This Application Form must be fully completed, signed and dated by the Applicant
2. It is the obligation of the Applicant to disclose all material facts to the Underwriter, as failure to do so may render the Policy void or severely prejudice your rights in the event of a claim. A material fact shall be deemed to be one that would likely to influence the underwriter's judgment and acceptance of the risk.
3. Should there be any material change in the answers given to the questions contained in this Application Form prior to the inception of the Policy, the Applicant must notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.
4. This Application Form and any other information provided by the applicant shall be deemed to be incorporated in the contract between the Underwriters and the Insured and shall be deemed the basis of the contract of Insurance.

#### REGISTERED OWNER:

1. Full Name of Company or Organization: \_\_\_\_\_
2. Description of Operations or Purpose of Organization: \_\_\_\_\_
3. Is Organization Incorporated?  YES  NO  
If Yes, Incorporated under the laws of which Province: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_
4. Address of the Registered Office of the Company or Organization: Street: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### OPERATIONS UNDERWRITING:

5. Gross Annual Revenues / Assets: \$ \_\_\_\_\_

**Please check box if the organization engages in any of the following classes:**

- Any risk with A U.S. location, any risk with U.S. domiciled employees, U.S. subsidiaries will be excluded
- Armoured Vehicle Services
- Broadcasting
- Commercial Aviation
- Company shares traded on a public exchange
- Construction Industry
- Daycare facilities
- Exploration, Mining, O&G
- Financial Institutions, Banks, Credit Unions, Investment Management, Hedge Funds
- Gambling
- Insurance Company
- Jewellery Merchants
- Labour Unions
- Law Firms
- Lending Institutions
- Mortgage Company and Lenders
- Pawn Shops

- Pharmaceuticals
  - Political Risks including Political Activist groups
  - Professional Sports Team
  - Real Estate Sales and Investments
  - Senior Care homes
  - Stamp Merchants
  - Stockbrokers
  - Telecommunications
  - Tobacco
  - Unincorporated companies/organizations
  - Utilities
  - Venture Capital Company
6. Do you have any knowledge of any claims, pending claim or disciplinary proceeding of any complaint?  YES  NO
7. Has insurance been refused, voided, or cancelled in the past 5 years?  YES  NO
8. Number of shareholders holding more than 25% of shares: \_\_\_\_\_
9. Activities outside of Canada  YES  NO

**EMPLOYMENT PRACTICES INSURANCE UNDERWRITING:**

10. Number of Employees: \_\_\_\_\_
11. Employment Practices Liability  YES  NO
12. Does the organization have a zero tolerance sexual harassment policy in force?  YES  NO
13. Does the organization have a formal termination procedure in force?  YES  NO
14. Does the organization keep Personnel files in a secure location for each employee?  YES  NO
15. Every employee is provided an employee handbook  YES  NO
16. Legal counsel involved in the termination process  YES  NO
17. Formal agreements in place for employees earning in excess of \$125,000 per Year  YES  NO
18. Website: \_\_\_\_\_
19. No. of Directors / Officers: \_\_\_\_\_ No. of Employees: \_\_\_\_\_  
 No. of Shareholders: \_\_\_\_\_ No. of Members: \_\_\_\_\_  
 No. of Volunteers: \_\_\_\_\_
20. Do you conduct operations away from own premises?  YES  NO
21. The Company or Organization has published reports and accounts in the two latest consecutive financial years showing unqualified reports by independent auditors or accountants, net profit and positive net worth, no litigation, disputes or contingent or extraordinary liabilities and can pay any and all of its debts as they fall due.  YES  NO
22. During the next 24 months, are there any plans or intentions for the Organization or any of its subsidiaries to file or register or to make a listing offering or issuance of stock, shares, debentures, bonds, commercial paper or other debt or equity instruments or any other securities? Or merge with, or be taken over by any other entity or make any acquisitions or disposal or to terminate or  YES  NO

wind-up or reorganize or for there to be any material change in the ownership of the Company (including, but not limited to a management buy-out)?

23. 2Smart – Property Casualty Companion Policy – available for Non-Profit organizations only (excluding Strata/Condo) \$2M Commercial General Liability Limit and \$50,000 Blanket Property coverage for an additional premium as low as \$750 required:  YES  NO

**DECLARATION & WARRANTY:**

24. Does any Director or Officer or the organization have any knowledge of any claims or circumstances which may give rise to a claim, or of any disciplinary proceedings or any complaints having been threatened, intimated or made (successfully or otherwise) against the Directors or Officers or the organization or the employees or the organization in respect of the legal liabilities or loss? (If Yes, please provide details)  YES  NO
25. Has similar insurance been refused, voided or cancelled in the past for which this application relates: (If Yes, please provide details)  YES  NO

Where (a) an applicant for this contract gives false information to the prejudice of the Insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud, or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Note: A risk is not bound until such time as Premier has issued a written confirmation, or policy confirming coverage.

**Date Coverage Required:** \_\_\_\_\_

**Limit Requested:** \_\_\_\_\_

**Deductible Requested:** \_\_\_\_\_

Name of Signatory (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Signatory: \_\_\_\_\_

Position: \_\_\_\_\_

Brokerage & AGT#: \_\_\_\_\_

Broker Email: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_

**Leon Levi**  
**Commercial Account Executive**  
**T: 416-388-8918**  
**T: Tel: 905-752-3600 ext 513**  
**• 1-855-752-3600 ext. 513**  
**T: Fax: 905-752-3688**  
**llevi@insureitgroup.com**  
**https://torontoinsurancesolutions.com**