

Renewal Application

**Please ensure to answer all questions.
If they do not apply, indicate "N/A" – if space is insufficient, please use additional sheets**

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1

Name of Applicant (and all Subsidiaries): _____ _____ _____	
Has your address changed since last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, new mailing address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Fax: _____
Website: _____	E-mail: _____

2.2

Are you aware of any incidents or occurrences which may result in claims against you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details: _____				

2.3 Provide details of any new/changed buildings or premises locations:

Identify location(s), whether owned/rented, area occupied by insured, area occupied by others, if owned:

a)	_____
b)	_____
c)	_____
d)	_____

2.4 Updated Description of Operations:

Any changes in operations/risk?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details: _____				

2.5

Updated Annual Payroll:	_____			
Number of employees	_____			
Are all employees covered under WSIB or Workers' Compensation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "No", please list numbers by job description and estimated payroll: _____				

2.6 Updated Gross Receipts split by operation or product (give total estimate of annual receipts including cost of materials and labour for the coming policy year):

Description of Operation/Product	Sales / Receipts		
	Canada	United States	Other (Specify)

2.7

Please provide details of any work sub-contracted, the value of sub-contracted work and confirm sub-contractors are required to provide evidence of liability insurance: _____

2.8 Please provide actual receipts for the expiring policy term:

Description of Operation/Product	Sales / Receipts		
	Canada	United States	Other (Specify)

2.9 Please provide details of any additional insureds to be added to the policy, including name, mailing address and relationship to the insured.

Section 3: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____