**MISCELLANEOUS PROFESSIONALS** – APPLICATION FOR INSURANCE

The following underwriting information has been provided by you or on your behalf. It is understood that the Insurer(s) has relied upon this information for risk acceptance to provide quote and coverage acceptability. Any misrepresentation or omission will render an insurance policy null and void from inception. **PLEASE READ CAREFULLY.**

**Instead of completing this application form, consider trying *JET*, our self-serve platform.**

***JET* is the quickest path to quotes and policy issuance. A modern way FORWARD.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s Contact Email Address  for E-Signature | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Name (Legal Name): | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Is the Applicant a company? | | | | | | | | | | | | | | | No  Yes | | | | | | | If yes, name of principal: | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | |
| Are any subsidiaries required to be insured? | | | | | | | | | | | | | | | No  Yes | | | | | | | If yes, list legal name: | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Mailing address: | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Risk location: | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe all professions practiced and services provided by the applicant: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the applicant domiciled in Canada? | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant work from a home office? | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Year Established: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Years of Experience: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| Number of Employees located: | | | | | | | | | | | | | Canada | | | | | | |  | | | US | | |  | | Other Countries: | | | | |  | | | | |
|  | | | | | | | | | | | | |  | | | | | | |  | | |  | | |  | |  | | |  | |  | | | | |
| Gross Revenues last 12 months: | | | | | | | | | | | | | Canada | | | | | | | $ | | | US | | | $ | | Other Countries: | | | | | $ | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Revenues next 12 months: | | | | | | | | | | | | | Canada | | | | | | | $ | | | US | | | $ | | Other Countries: | | | | | $ | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Does the applicant abide by all required privacy laws and regulations? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Does the applicant accept liability in writing for any consequential loss in any customer contracts? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | |
| If yes, please describe details: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LOSS HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Has the applicant had any claims in the last three years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | |
| If yes, provide date, nature, paid, etc. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the applicant aware of any circumstances that may result in a Demand, or may give rise to a claim? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date & Description: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE: IF THERE IS ANY KNOWLEDGE OF ANY SUCH CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, COVERAGE WOULD NOT BE PROVIDED UNDER THE PROPOSED POLICY.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **PRIOR INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Does the applicant currently carry Errors & Omissions Liability coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurer: | |  | | | | | | Premium: | | | | | | | $ | | | | | | | | Policy No. | | | |  | | | | Retroactive Date: | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Does the applicant currently carry Commercial General Liability coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurer: | |  | | | | | | Premium: | | | | | | | $ | | | | | | | | Policy No. | | | |  | | | |  | | | |  | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the applicant ever had insurance cancelled, declined or refused? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| If yes, please describe: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REQUESTED LIMITS** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Errors & Omissions – (Claims) Made** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | $250,000 (Claim) / $250,000 (Agg.) | | | | | | | | | | | | | | |  | | | | | $1,000,000 (Claim) / $2,000,000 (Agg.) | | | | | | | | |  | | $3,000,000 (Claim) / $3,000,000 (Agg.) | | | |
|  | $500,000 (Claim) / $500,000 (Agg.) | | | | | | | | | | | | | | |  | | | | | $2,000,000 (Claim) / $2,000,000 (Agg.) | | | | | | | | |  | | $3,000,000 (Claim) / $5,000,000 (Agg.) | | | |
|  | $500,000 (Claim) / $1,000,000 (Agg.) | | | | | | | | | | | | | | |  | | | | | $2,000,000 (Claim) / $4,000,000 (Agg.) | | | | | | | | |  | | $5,000,000 (Claim) / $5,000,000 (Agg.) | | | |
|  | $1,000,000 (Claim) / $1,000,000 (Agg.) | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | |  | | | |
| **Commercial General Liability** | | | | | | | | | | | | | | | | **Tenant’s Legal Liability** | | | | | | | | | | | | | | **Non-owned Auto Limit** | | | | | |
|  | $1,000,000 (Occurrence) | | | | | | | | | | | | | | |  | | | | | $500,000 | | | | | | | | |  | | $1,000,000 | | | |
|  | $2,000,000 (Occurrence) | | | | | | | | | | | | | | |  | | | | | $1,000,000 | | | | | | | | |  | |  | | | |
|  | $5,000,000 (Occurrence) | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | |  | | | |
| **Optional Property Coverage** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant require property coverage? | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | |  | | | |
| Business Personal Property:  *(incl. Tenants Improvements)* | | | | | | | | | | | | $ | | | | | | | | | | | | | Stock / Inventory: | | | | | | | | | $ | | | |
| Contents of Every Description: | | | | | | | | | | | | $ | | | | | | | | | | | | | Miscellaneous Articles Floater: | | | | | | | | | $ | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sewer Backup Coverage: | | | No  Yes | | | Flood Coverage: | | No  Yes | | | | | Earthquake Coverage: | | | No  Yes |
|  | | |  | | |  | |  | | | | |  | | |  |
| **COPE Details (if any property required):** | | | | | | | | | | | | | | | | |
| Building Construction: | | | Frame | | | Fire Resistive | | | Non-Combustible | | | | | | Other: | |
| Year Built | | |  | | | Year of last roof update: | | | |  | | | |  | |  |
| Year of upgrades: | | |  | | |  | |  | | | | |  | | |  |  |
| Roof: |  | Heating: | |  | | | Plumbing: |  | | | | Electrical: | | |  | |
| Protection: | | Protected | | | Semi-protected | | | | | | Unprotected | | | |  |
| Sprinklers: | | No  Yes | | | Centrally Monitored Alarm: | | | | | | No  Yes | | | |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.   |  |  |  |  | | --- | --- | --- | --- | | **Applicant Signature:** |  | **Date:** |  | | **Brokerage:** |  | **Broker ID:** |  | | **Broker Email:** |  | **Phone:** |  | | | |