Logo

Description automatically generated**SPORTS & RECREATION – ANNUAL POLICY -** Application for Insurance

This product is designed for annual policies for amateur sport and recreation. If you require an short term policy (less than 4 months in duration), please refer to our “Sport and Recreation – Short Term Coverage” product.

**Instead of completing this application form, consider trying** [***JET***](http://www.forwardinsurance.ca)**, our self-serve platform.**

[***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | |
| Contact Email Address:  *(Required for e-signatures)* | | |  | | | | | | | | |
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|  |  | |  |  | | | | | | | |
| Applicant(s) / Legal Name(s): | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| Location of Activities – Province: | | |  | | | | | | | |
|  | | |  | | | | | | | | |
| Year established: | | |  | |  | | | | | | |
|  | | |  | | | | | | | | |
| How many years of ‘on the job’ experience does the Applicant have conducting the Activities in this application form? | | | | | | | |  | | | |
| Is the Applicant a member (in good standing) of any association related business activity? | | | | | | | | Yes  No | | | |
| If yes, describe: | |  | | | | | | | | | |
|  |  |  | | | | | | | | |
| **Prior Insurance** | |  | | | | | | | | |
| Has the Applicant(s) had prior insurance? | | | | | | | | | | Yes  No | |
|  | | | | | | | | | |  | |
| Prior Insurance name: | |  | | | | | | | | | |
|  | |  | | | | | | | | | |
| Expiry Date: | |  | | | | Policy Number: |  | | | | |
| **Loss History** | |  | | | | | | | | | |
| Have there been any claims or losses (whether covered by insurance or not) at this or other location(s) in the past 5 years? | | | | | | | | | Yes  No | | |

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| Claim 1 Details – Date: | |  | | | | | | |  | | |
|  | |  | | | | | |  | | | |
|  | Type of loss: | | |  | | | | | | | |
|  |  | | |  | | | | | | | |
|  | Aircraft or vehicle impact | | Arson | | | Burglary | | | | | Change in Temperature |
|  | Earthquake | | Electrical Current | | | Explosion | | | | | Falling Object |
|  | Fire | | Flood | | | Freezing | | | | | Hail |
|  | Landside | | Lightning | | | Malicious Acts | | | | | Other-Liability |
|  | Overland Water | | Riot | | | Sewer Backup | | | | | Smoke |
|  | Storm | | Tenant Vandalism | | | Water | | | | | Wildfire |
|  | Wind | |  | | |  | | | | |  |
|  | | | | | | | | | | | |
|  | Is the claim open or closed?: | | | | Open  Closed | |  | | |  | |
|  |  | | | |  | | | | |  | |
|  | Total Amount (paid or reserve): | | | | $ | | | | |  | |

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| Claim 2 Details – Date: | |  | | | | | | |  | | |
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|  | Type of loss: | | |  | | | | | | | |
|  |  | | |  | | | | | | | |
|  | Aircraft or vehicle impact | | Arson | | | Burglary | | | | | Change in Temperature |
|  | Earthquake | | Electrical Current | | | Explosion | | | | | Falling Object |
|  | Fire | | Flood | | | Freezing | | | | | Hail |
|  | Landside | | Lightning | | | Malicious Acts | | | | | Other-Liability |
|  | Overland Water | | Riot | | | Sewer Backup | | | | | Smoke |
|  | Storm | | Tenant Vandalism | | | Water | | | | | Wildfire |
|  | Wind | |  | | |  | | | | |  |
|  | | | | | | | | | | | |
|  | Is the claim open or closed?: | | | | Open  Closed | |  | | |  | |
|  |  | | | |  | | | | |  | |
|  | Total Amount (paid or reserve): | | | | $ | | | | |  | |

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| Claim 3 Details – Date: | |  | | | | | | |  | | |
|  | |  | | | | | |  | | | |
|  | Type of loss: | | |  | | | | | | | |
|  |  | | |  | | | | | | | |
|  | Aircraft or vehicle impact | | Arson | | | Burglary | | | | | Change in Temperature |
|  | Earthquake | | Electrical Current | | | Explosion | | | | | Falling Object |
|  | Fire | | Flood | | | Freezing | | | | | Hail |
|  | Landside | | Lightning | | | Malicious Acts | | | | | Other-Liability |
|  | Overland Water | | Riot | | | Sewer Backup | | | | | Smoke |
|  | Storm | | Tenant Vandalism | | | Water | | | | | Wildfire |
|  | Wind | |  | | |  | | | | |  |
|  | | | | | | | | | | | |
|  | Is the claim open or closed?: | | | | Open  Closed | |  | | |  | |
|  |  | | | |  | | | | |  | |
|  | Total Amount (paid or reserve): | | | | $ | | | | |  | |
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| Has the applicant organization ever had insurance cancelled, declined or refused by an insurance company? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | |
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|  | If yes, check reason for decline/ refusal/ cancellation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Due to cancellation for non-payment (premium owned has been paid) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Insurer does not write type of operation | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Due to cancellation for non-payment (premium still owing to insurer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Current carrier no longer writes this class | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Due to claims record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other reasons (not cited in choice above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If other, please describe: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Annual Gross Revenue from Activities (excluding sale of tangible products and/or food/beverage): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | |
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| Annual Gross Revenue from sale of tangible products and/or food/beverage: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | |
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| Estimated Total number of participants (in a 12 month period): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| State activities provided at facility: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CONSENT AND SUPERVISION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| Does the Applicant always obtain consent and waiver forms signed and dated (guardians must sign on behalf of minors) prior to allowing participants engage in Activities? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |
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|  | If no, describe: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant always ensure that children under the age of 12 are supervised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | No | | | | | | | | | | Yes | | | | | | | | | | | | | | | | Not applicable (no participants under the age of 12) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | If no, describe: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **OTHER RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| Are any of the participants/patrons (not coaches or organizers) professional, semi-professional or Olympic athletes? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |
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|  | If yes, describe: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant provide any performance supplements to participants? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |
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|  | If yes, describe: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant provide alcohol/liquor to participants or volunteers or employees (NOTE- the policy has a full liquor exclusion)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |
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|  | If yes, describe: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant utilize foam pits, or trampolines that are over 50"? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |
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|  | If yes, describe: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant allow intentional body/head contact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |
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|  | If yes, describe: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant's Activities include the use of any motorized vehicles (licensed or not)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |
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|  | If yes, describe: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant's Activities include the use of any fire arms or ammunition? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |
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|  | If yes, describe: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant's Activities include any outdoor climbing or the use of climbing of walls (natural or man made)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |
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|  | If yes, describe: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **COVERAGES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| Commercial General Liability Limit (each claim and in the aggregate): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $1,000,000 | | | | | | | | | | | | | $2,000,000 | | | | | | | | | | | | | | $5,000,000 | | | | | | |
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|  | Tenants Legal Liability: | | | | | | | | | Not required | | | | | | | | | | | $100,000 | | | | | | | | | | | $250,000 | | | | | | | | $500,000 | | | | | | | | | | | | | $1,000,000 | | | | | | | | | | | $2,000,000 | | |
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|  | Employers Liability Extension: | | | | | | | | | | | | | Not required | | | | | | | | | | | $1,000,000 | | | | | | | | | | | | $2,000,000 | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | |
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|  | Employee Benefits Extension: | | | | | | | | | | | | | Not required | | | | | | | | | | | $1,000,000 | | | | | | | | | | | | $2,000,000 | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | |
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|  | Non-Owned Auto: | | | | | | | | | | | | | Not required | | | | | | | | | | | $1,000,000 | | | | | | | | | | | | $2,000,000 | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | |
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| Coverage Extension - Accidental Medical - Principal Sum: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $10,000 | | | | | | | | | | | | | $25,000 | | | | | | | | | | | | | | $50,000 | | | | | | |
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| Optional - Is separate Errors And Omissions Coverage required?  No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | Errors and Omissions - Claims Made - Limit: | | | | | | | | | | | | | | | | | | | | | Not required | | | | | | | | | | | | | $100,000 | | | | | | | | | | | | | | | $250,000 | | | | | | | | | | | | $500,000 | | | | |
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| Deductible: | | | | $1,000 | | | | | $2,500 | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | |
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| **ISSUANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Proposed Effective Date (MM/DD/YYYY): | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant mailing address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Province: | |  | | | | | | | | | | | | | | | | Postcode/ZIP Code: | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **ADDITIONAL INSUREDS** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| Name | | |  | | | | | | | | | | | | | | | | | | | | | | | Address: | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |
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| City: | | | | |  | | | | | | | | | | | | | | | Province: | | | | | | | |  | | | | | | | | | | | | | | | | | | Postcode/ZIP Code: | | | | | | | | | | | | | | |  | | | | | |
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| What is the relation between the Applicant and the additional insured entity? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | Landlord | | | | | | | | | | | | | | | | | | | | | | | Government Body | | | | | | | | | | | | | | | | | | | | | | | | | Lessor/ Finance Company | | | | | | | | | | | | | | | | | |
|  | Subsidiary (100% wholly owned by Applicant) | | | | | | | | | | | | | | | | | | | | | | | Sponsor of Event | | | | | | | | | | | | | | | | | | | | | | | | | Customer of Insured | | | | | | | | | | | | | | | | | |
|  | Subsidiary (not wholly owned by Applicant) | | | | | | | | | | | | | | | | | | | | | | | Lead Contractor | | | | | | | | | | | | | | | | | | | | | | | | | Joint Venture | | | | | | | | | | | | | | | | | |
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| **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 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.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS LTD. 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.  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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Applicant(s):** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **Brokerage:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Broker ID#:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **Broker Email:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Phone:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.**