Logo

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

This product is designed for short term policies (less than 4 months in duration) for amateur sport and recreation sessions/events.

If you require an annual policy, please select “Sport and Recreation – Annual Coverage” in the main menu of JET.

**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.**

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.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Email Address:  *(Required for e-signatures)* | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant(s) / Legal Name(s): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Activities – Province: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy term required – number of days – please ensure you have included period of time that coverage may be required for preparation / set-up/take down: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | days | | | | | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prior Insurance** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the Applicant(s) had prior insurance? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| Prior Insurance name: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy Number: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Expiry Date: | | | | | | | |  | | | | | | | | | |
| If yes, provide details of the claim: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Claim 1 – Date: | | | | | | | |  | | Type of Loss: | Aircraft or Vehicle Impact | | Explosion | | Landslide | | Overland Water | Tenant Vandalism | |  | Arson | | Falling Object | | Lightning | | Riot | Theft | |  | Burglary | | Fire | | Malicious Acts | | Sewer Backup | Vandalism | |  | Change in Temperature | | Flood | | Mysterious Disappearance | | Slip & Fall | Water | |  | Earthquake | | Freezing | | Other - Liability | | Smoke | Wildfire | |  | Electrical Current | | Hail | | Other - Property | | Storm | Wind | | Total amount (paid or reserve) | | $ | | Open / Closed? | | Open  Closed | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Claim 2 – Date: | | | | | | | |  | | Type of Loss: | Aircraft or Vehicle Impact | | Explosion | | Landslide | | Overland Water | Tenant Vandalism | |  | Arson | | Falling Object | | Lightning | | Riot | Theft | |  | Burglary | | Fire | | Malicious Acts | | Sewer Backup | Vandalism | |  | Change in Temperature | | Flood | | Mysterious Disappearance | | Slip & Fall | Water | |  | Earthquake | | Freezing | | Other - Liability | | Smoke | Wildfire | |  | Electrical Current | | Hail | | Other - Property | | Storm | Wind | | Total amount (paid or reserve) | | $ | | Open / Closed? | | Open  Closed | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Claim 3 – Date: | | | | | | | |  | | Type of Loss: | Aircraft or Vehicle Impact | | Explosion | | Landslide | | Overland Water | Tenant Vandalism | |  | Arson | | Falling Object | | Lightning | | Riot | Theft | |  | Burglary | | Fire | | Malicious Acts | | Sewer Backup | Vandalism | |  | Change in Temperature | | Flood | | Mysterious Disappearance | | Slip & Fall | Water | |  | Earthquake | | Freezing | | Other - Liability | | Smoke | Wildfire | |  | Electrical Current | | Hail | | Other - Property | | Storm | Wind | | Total amount (paid or reserve) | | $ | | Open / Closed? | | Open  Closed | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Has the Applicant had more than three claims in the last 5 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Has the Applicant ever had insurance cancelled or refused by an insurance company? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | If yes, reason for decline/refusal /cancellation: | | | Yes | No | | Due to claims history | Insurer was not able to write this activity | | | | | Due to non-payment – there is still outstanding premium | Insurer is no longer writing this activity | | | | | Due to non-payment – all outstanding premium has been paid | Other | | | | |  | |  | | |  |  |  | | --- | --- | |  |  |  |  |  | | --- | --- | |  | | | **Risk Info** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Total Gross Revenue for proposed policy period: | | | | | | | | | | | | | | | **$** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total number of participants: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select the Activities – NOTE – coverage is only provided for those activities described here and listed on any issued quote/policy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Aquafit | | | | | | | | | | | |  | | Fishing guiding – not on motorized boats | | | | | | | | | | | | | | | | | | | | |  | Skateboard – indoor or restricted to skatepark specific to the purpose | | | | | | | | | | |
|  | Archery – indoor controlled activity only | | | | | | | | | | | |  | | Flag Football (non-contact) | | | | | | | | | | | | | | | | | | | | |  | Skating - Ice | | | | | | | | | | |
|  | Arm wrestling | | | | | | | | | | | |  | | Flag rugby (non-contact) | | | | | | | | | | | | | | | | | | | | |  | Skating (Figure Skating) | | | | | | | | | | |
|  | Axe throwing | | | | | | | | | | | |  | | Floor hockey | | | | | | | | | | | | | | | | | | | | |  | Skeleton | | | | | | | | | | |
|  | Badminton | | | | | | | | | | | |  | | Football (non contact) | | | | | | | | | | | | | | | | | | | | |  | Skiing – Cross Country | | | | | | | | | | |
|  | Ball court activities instruction | | | | | | | | | | | |  | | Frisbee | | | | | | | | | | | | | | | | | | | | |  | Skiing and Snowboarding – Guided Lessons | | | | | | | | | | |
|  | Baseball | | | | | | | | | | | |  | | Golf lessons | | | | | | | | | | | | | | | | | | | | |  | Skiing and snowboarding – Unguided | | | | | | | | | | |
|  | Basketball | | | | | | | | | | | |  | | Gymnastics – limited to floor routines only | | | | | | | | | | | | | | | | | | | | |  | Snooker | | | | | | | | | | |
|  | Biathlon | | | | | | | | | | | |  | | Handball | | | | | | | | | | | | | | | | | | | | |  | Snowshoe | | | | | | | | | | |
|  | Bicycle - learn to ride for children | | | | | | | | | | | |  | | Hiking | | | | | | | | | | | | | | | | | | | | |  | Soccer | | | | | | | | | | |
|  | Bicycle – riding club | | | | | | | | | | | |  | | Hockey – ball (non contact) | | | | | | | | | | | | | | | | | | | | |  | Softball | | | | | | | | | | |
|  | Bicycle rentals | | | | | | | | | | | |  | | Hockey – ice (non-contact) | | | | | | | | | | | | | | | | | | | | |  | Squash | | | | | | | | | | |
|  | Billiard events | | | | | | | | | | | |  | | Hockey – rollerblades (non-contact) | | | | | | | | | | | | | | | | | | | | |  | Stand up Paddleboard | | | | | | | | | | |
|  | Boccia | | | | | | | | | | | |  | | Horseshoe leagues | | | | | | | | | | | | | | | | | | | | |  | Swimming - Diving (NOT scuba diving or snorkelling) | | | | | | | | | | |
|  | Bowling | | | | | | | | | | | |  | | Ice Fishing | | | | | | | | | | | | | | | | | | | | |  | Swimming - Synchronized | | | | | | | | | | |
|  | Broom ball | | | | | | | | | | | |  | | Kayaking | | | | | | | | | | | | | | | | | | | | |  | Swimming instruction – at private pools (residences) | | | | | | | | | | |
|  | Bubble Ball | | | | | | | | | | | |  | | Kickball | | | | | | | | | | | | | | | | | | | | |  | Swimming instruction – at public/private clubs | | | | | | | | | | |
|  | Bus Tours in Canada by licensed Insured charter | | | | | | | | | | | |  | | Lacrosse (non-contact) | | | | | | | | | | | | | | | | | | | | |  | Table tennis | | | | | | | | | | |
|  | Camping | | | | | | | | | | | |  | | Laser Tag | | | | | | | | | | | | | | | | | | | | |  | Tai Chi, Qigong | | | | | | | | | | |
|  | Canoeing | | | | | | | | | | | |  | | Lawn bowling | | | | | | | | | | | | | | | | | | | | |  | Tennis | | | | | | | | | | |
|  | Cave guided tours | | | | | | | | | | | |  | | Luge | | | | | | | | | | | | | | | | | | | | |  | Track and field | | | | | | | | | | |
|  | Chess | | | | | | | | | | | |  | | Netball | | | | | | | | | | | | | | | | | | | | |  | Track and Field various sports | | | | | | | | | | |
|  | Cricket | | | | | | | | | | | |  | | Paintball – indoors only | | | | | | | | | | | | | | | | | | | | |  | Triathlon | | | | | | | | | | |
|  | Croquet | | | | | | | | | | | |  | | Pickleball | | | | | | | | | | | | | | | | | | | | |  | Ultimate frisbee | | | | | | | | | | |
|  | Curling | | | | | | | | | | | |  | | Racquetball | | | | | | | | | | | | | | | | | | | | |  | Volleyball | | | | | | | | | | |
|  | Dancing | | | | | | | | | | | |  | | Roller blading / Roller skating - indoors | | | | | | | | | | | | | | | | | | | | |  | Walking tours – (no visit to restaurants) | | | | | | | | | | |
|  | Darts | | | | | | | | | | | |  | | Roller blading / Roller skating – outdoor | | | | | | | | | | | | | | | | | | | | |  | Walking tours – food and wine restaurant visit inclusive | | | | | | | | | | |
|  | Disc golf | | | | | | | | | | | |  | | Rowing | | | | | | | | | | | | | | | | | | | | |  | Water Polo | | | | | | | | | | |
|  | Dodgeball | | | | | | | | | | | |  | | Running/Jogging | | | | | | | | | | | | | | | | | | | | |  | Weightlifting – Power Lifting | | | | | | | | | | |
|  | Dragon boat | | | | | | | | | | | |  | | Shuffle Board | | | | | | | | | | | | | | | | | | | | |  | Wheelchair activities various | | | | | | | | | | |
|  | Field hockey | | | | | | | | | | | |  | | Singing | | | | | | | | | | | | | | | | | | | | |  | Wrestling – Olympic style | | | | | | | | | | |
|  |  | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |
| Will the Applicant(s) have any Activities that have not been selected on this application form so far (please double check the list above as manually typing in an activity here may delay our response time). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, describe: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent and Supervision** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant always obtain consent and waiver forms signed and dated (guardians must sign on behalf of minors)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If no, describe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant always ensure that children under the age of 12 are supervised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If no, describe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Risk Info** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Are any of the participants/patrons (not coaches or organizers) professional, semi-professional or Olympic athletes? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If yes, describe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant provide any performance supplements to participants? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If yes, describe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant provide alcohol/liquor to participants or volunteers or employees (NOTE- the policy has a full liquor exclusion)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If yes, describe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant utilize foam pits or trampolines? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If yes, describe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant allow intentional body/head contact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If yes, describe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant's Activities include the use of any motorized vehicles (licensed or not)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If yes, describe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant's Activities include the use of any fire arms or ammunition? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If yes, describe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant's Activities include any outdoor climbing or the use of climbing of walls (natural or man made)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If yes, describe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **COVERAGES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Commercial General Liability Limit (each claim and in the aggregate)** | | | | | | | | | | **Tenant’s Legal Liability** | | | | | | | | | | | | | | | | | | **Non-Owned Automobile** | | | | | | | | | | | | | | | | | | |
| $1,000,000 | | | | | | | | |  | | Not Required | | | | | $500,000 | | | | | | | | | | | | |  | | | | Not Required | | | | | | | | | | | | |
| $2,000,000 | | | | | | | | |  | | $100,000 | | | | | $1,000,000 | | | | | | | | | | | | |  | | | | $1,000,000 | | | | | | | | | | | | |
| $5,000,000 | | | | | | | | |  | | $250,000 | | | | | $2,000,000 | | | | | | | | | | | | |  | | | | $2,000,000 | | | | | | | | | | | | |
| **Employers Liability Extension** | | | | | | | | | | | | **Coverage Extension – Accidental Medical – Principal Sum** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not Required | | | | | | | | |  | | | | | Not Required | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
| $1,000,000 | | | | | | | | |  | | | | | $1,000,000 | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
| $2,000,000 | | | | | | | | |  | | | | | $2,000,000 | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Optional – separate Errors and Omissions – Claims Made – Limit:** | | | | | | | | | | | | | | | | | | | | Not Required  $100,000  $250,000  $500,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **ISSUANCE INFO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Policy Period** | | | | | | Proposed Effective Date (MM/DD/YYYY) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Info** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Mailing address (address, city, province, postal code): | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Insureds -** add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Insured 1 | | | | | Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | City: | | | | | | |  | | | | | | | | | | | | | | | | Province: | | | | | | | |  | | | | | Postal Code: | | | |  | | |
| What is the relation between the Applicant and the additional insured entity? | | | | | | | | | | | | | | | | | | Customer of Insured  Landlord | | | | | | | | | | | | | | | | Government Body  Lead Contractor | | | | | | | Lessor/finance company  Joint Venture | | | | | | |
|  | | | | | | |  | | | | | Subsidiary (100% wholly owned by Applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other | | | | | | | |
|  | | | | | | |  | | | | | Subsidiary (not wholly owned by Applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Insured 2 | | | | | Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | |  | | |
| Address: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | City: | | | | | | |  | | | | | | | | | | | | | | | Province: | | | | | | | | |  | | | | | Postal Code: | | | |  | | |
| What is the relation between the Applicant and the  additional insured entity? | | | | | | | | | | | | | | | | | Customer of Insured  Landlord | | | | | | | | | | | | | Government Body  Lead Contractor | | | | | | | | | Lessor/finance company  Joint Venture | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | Subsidiary (100% wholly owned by Applicant) | | | | | | | | | | | | | | | | | | | | | Other | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | Subsidiary (not wholly owned by Applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Applicant’s Signature:** | | | |  | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Brokerage:** | | | |  | | | | | | | | | | | | | | | | | | | **Broker ID:** | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Broker Email:** | | | |  | | | | | | | | | | | | | | | | | | | **Phone:** | | | | | | | |  | | | | | | | | | | | | | | | | |