|  |
| --- |
| **MERCHANT’S PACKAGE** –APPLICATION FOR INSURANCE |



This Mercantile Package is designed for retail stores, on-line retail sales, wholesalers/distributors, and low hazard small manufacturing risks, as well as service industry risks such as coffee shops, delis, refreshment stands, tailors, shoe repair shops, etc. This product allows you to provide CGL and optional property and crime coverage.

Currently JET will only provide coverage on a one location per policy basis. If the account requires building coverage, a separate building policy can be obtained in the Forward Commercial Building Ownership 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.

|  |
| --- |
| **APPLICANT INFORMATION** |
|  |
| Applicant’s email address:(Required for e-signature) |       |
|  |  |
| Applicant Name (legal name/s): |       |
|  |  |
| Mailing address province: |       |
|  |  |
| Year established (####): |       |  Years of experience in this industry: |       |
|  |  |
| Applicant's website: |       |
|  |  |
| **LOSS HISTORY** |
|  |
| Has the Applicant had any claims in the last five years? If so, provide details. | [ ]  Yes [ ]  No  |
|  |
| Claim 1 Details – Date:  |       | How much was paid for this loss? |       |
|  |  |  |
|  | Nature of Claim: |  |
|  |  |  |
|  | [ ]  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 |
|  | [ ]  Other - Property | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup |
|  | [ ]  Smoke | [ ]  Storm | [ ]  Slip & Fall | [ ]  Tenant Vandalism |
|  | [ ]  Theft | [ ]  Vandalism | [ ]  Water | [ ]  Wildfire |
|  | [ ]  Wind |  |  |  |
|  |  |  |  |
|  | Is the claim file closed? | [ ]  Yes [ ]  No  | Have all damages been repaired? | [ ]  Yes [ ]  No  |
|  |  |  |  |  |
|  | Describe the loss control measures that are now in place to avoid a future similar loss: |       |
|  |  |  |
|  |       |
|  |  |  |  |
| Claim 2 Details – Date:  |       | How much was paid for this loss? |       |
|  |  |  |
|  | Nature of Claim: |  |
|  |  |  |
|  | [ ]  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 |
|  | [ ]  Other - Property | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup |
|  | [ ]  Smoke | [ ]  Storm | [ ]  Slip & Fall | [ ]  Tenant Vandalism |
|  | [ ]  Theft | [ ]  Vandalism | [ ]  Water | [ ]  Wildfire |
|  |  |  |  |
|  | Is the claim file closed? | [ ]  Yes [ ]  No  | Have all damages been repaired? | [ ]  Yes [ ]  No  |
|  |  |  |  |  |
|  | Describe the loss control measures that are now in place to avoid a future similar loss: |       |
|  |  |  |  |
|  |       |
|  |  |  |  |
| Claim 3 Details – Date:  |       | How much was paid for this loss? |       |
|  |  |  |
|  | Nature of Claim: |  |
|  |  |  |
|  | [ ]  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 |
|  | [ ]  Other - Property | [ ]  Overland Water | [ ]  Riot | [ ]  Sewer Backup |
|  | [ ]  Smoke | [ ]  Storm | [ ]  Slip & Fall | [ ]  Tenant Vandalism |
|  | [ ]  Theft | [ ]  Vandalism | [ ]  Water | [ ]  Wildfire |
|  |  |  |  |
|  | Is the claim file closed? | [ ]  Yes [ ]  No  | Have all damages been repaired? | [ ]  Yes [ ]  No  |
|  |  |  |  |
|  | Describe the loss control measures that are now in place to avoid a future similar loss: |       |
|  |  |  |  |
|  |       |
|  |  |  |  |
| Has the applicant had more than 3 claims in the last 5 years? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe: |       |
|  |  |  |
|  |  |  |
| **PRIOR INSURANCE** |
|  |  |  |  |
| Does the applicant currently carry Commercial General Liability coverage? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, is (or was) this account currently insured with Forward Insurance Managers Ltd.? | [ ]  Yes [ ]  No  |
|  |  |  |
|  | If no, current Insurer name: |       | Current Insurance Expiry Date: |       |
|  |  |  |
| Target Premium: | $      |  |  |
|  |  |
| Has the applicant ever had insurance cancelled, declined or refused? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, reason for decline/refusal/cancellation: |
|  |  |
|  | [ ]  Due to claims  | [ ]  Due to condition of the building  |
|  | [ ]  Due to non payment – all outstanding premium has been paid  | [ ]  Due to non payment – there is still outstanding premium |
|  | [ ]  Due to online sales | [ ]  Due to underwriting reasons  |
|  | [ ]  Due to type of goods sold | [ ]  Due to vacancy  |
|  | [ ]  Insurer is no longer writing this class  | [ ]  Other – Describe: |       |
|  |  |  |
| **OPERATIONS/ GOODS SOLD** |
|  |  |  |
| Operations/ goods sold 1: |       |
|  |  |
|  | Total Revenue from this operation / goods sold: | $       |  |
|  |  |  |  |
|  | STOREFRONT SALES – what percentage of the operation/goods sold is retail storefront (%)?: |       % |
|  |  |  |
|  | ONLINE SALES – what percentage of the operation/goods sold is retail online sales to consumer (%)?: |       % |
|  |  |  |
|  | WHOLESALE – what percentage of the operation/goods sold is wholesale distribution sales (%)?: |       % |
|  |  |  |
|  | Does the applicant manufacture this Product? | [ ]  Yes [ ]  No  |
|  |  |  |
|  | MANUFACTURING – what percentage of this particular product is manufactured by the Applicant (%)?: |       % |
|  |  |  |
| Operations/ goods sold 2: |       |
|  |  |
|  | Total Revenue from this operation / goods sold: | $       |  |
|  |  |  |  |
|  | STOREFRONT SALES – what percentage of the operation/goods sold is retail storefront (%)?: |       % |
|  |  |  |
|  | ONLINE SALES – what percentage of the operation/goods sold is retail online sales to consumer (%)?: |       % |
|  |  |  |
|  | WHOLESALE – what percentage of the operation/goods sold is wholesale distribution sales (%)?: |       % |
|  |  |  |
|  | MANUFACTURING – what percentage of the operation/goods sold are manufactured by the Applicant (%)?: |       % |
|  |  |  |
| Operations/ goods sold 3: |       |
|  |  |
|  | Total Revenue from this operation / goods sold: | $       |  |
|  |  |  |  |
|  | STOREFRONT SALES – what percentage of the operation/goods sold is retail storefront (%)?: |       % |
|  |  |  |
|  | ONLINE SALES – what percentage of the operation/goods sold is retail online sales to consumer (%)?: |       % |
|  |  |  |
|  | WHOLESALE – what percentage of the operation/goods sold is wholesale distribution sales (%)?: |       % |
|  |  |  |
|  | MANUFACTURING – what percentage of the operation/goods sold are manufactured by the Applicant (%)?: |       % |
|  |  |  |
| Operations/ goods sold 4: |       |
|  |  |
|  | Total Revenue from this operation / goods sold: | $       |  |
|  |  |  |  |
|  | STOREFRONT SALES – what percentage of the operation/goods sold is retail storefront (%)?: |       % |
|  |  |  |
|  | ONLINE SALES – what percentage of the operation/goods sold is retail online sales to consumer (%)?: |       % |
|  |  |  |
|  | WHOLESALE – what percentage of the operation/goods sold is wholesale distribution sales (%)?: |       % |
|  |  |  |
|  | MANUFACTURING – what percentage of the operation/goods sold are manufactured by the Applicant (%)?: |       % |
|  |  |  |
| Operations/ goods sold 5: |       |
|  |  |
|  | Total Revenue from this operation / goods sold: | $       |  |
|  |  |  |  |
|  | STOREFRONT SALES – what percentage of the operation/goods sold is retail storefront (%)?: |       % |
|  |  |  |
|  | ONLINE SALES – what percentage of the operation/goods sold is retail online sales to consumer (%)?: |       % |
|  |  |  |
|  | WHOLESALE – what percentage of the operation/goods sold is wholesale distribution sales (%)?: |       % |
|  |  |  |
|  | MANUFACTURING – what percentage of the operation/goods sold are manufactured by the Applicant (%)?: |       % |
|  |  |  |
|  | Are all the Applicants operations/goods sold accounted for in the above? | [ ]  Yes [ ]  No  |
|  |  |  |
|  |  | If no, please repeat this section and attach separately until all operations/goods sold are represented. All the applicant’s operations must be accurately described for coverage to apply. |

|  |
| --- |
| **SALES OUTSIDE OF CANADA** |
|  |  |  |  |
| Does the Applicant(s) have any physical locations outside of Canada: | [ ]  Yes [ ]  No  |
|  |  |  |  |
|  | If yes, is the location outside of Canada insured elsewhere? | [ ]  Yes [ ]  No  |
|  |  |  |  |
|  | Describe the purpose and operations for the location outside of Canada? |       |
|  |  |  |
|  |       |
|  |  |  |  |
|  | Address: |       | City: |       |
|  |  |  |  |  |
|  | Postcode / ZIP Code: |       | Country: |       |
|  |  |  |  |  |
| Does the Applicant sell / export any product to the USA? | [ ]  Yes [ ]  No  |
|  |  |
|  | Percentage of sales emanating from the USA: |       % |  |
|  |  |
| Does the Applicant sell / export any product to countries other than Canada and the USA? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, percentage of sales emanating from countries other than Canada and USA: |       % |  |
|  |  |
|  | List countries: |       |
|  |  |
| **CONTROLLED SUBSTANCES** |
|  |  |
| Does the applicant sell any tobacco products (cigarettes, cigars etc.)?  | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, total annual gross sales from tobacco products? | $       |  |
|  |  |
| Does the applicant sell any vaping products (vape, e-cigarettes etc.)? | [ ]  Yes [ ]  No  |
|  |  |
|  | Total annual gross sales from vaping products ($)? | $       |  |
|  |  |
| Does the Applicants operations involve the sale, growing, harvesting, or processing of cannabis, or other drugs? | [ ]  Yes [ ]  No  |
|  |  |
| Does the Applicants operations involve the serving of alcohol? | [ ]  Yes [ ]  No  |
|  |  |
| **HIGH-HAZARD/ SPECIALTY PRODUCTS** |
|  |
| Does the Applicant sell ammunition, explosives, fireworks, pyrotechnics, fuses, cartridges, gunpowder, nitro-glycerine, fuel or explosive gases? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe: |       |
|  |  |
| Does the Applicant sell any hunting products to the USA? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe: |       |
|  |  |
| Does the Applicant(s) operations include the sale, leases, service, install, wholesale or manufacture any automotive, trailers, motorcycle, boats, aviation, railroad, or recreational vehicles, or parts thereof? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe in detail any operation involving the sale, service, install, wholesale or manufacture any automotive, motorcycle, boats, aviation, railroad, or recreational vehicles, or parts thereof. |
|  |  |
|  |       |
|  |  |
| Does the Applicant(s) operations include the sale, service, or rental of bicycles? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe in detail any operation involving the sale, service, or rental of bicycles. |       |
|  |  |  |
|  |       |
|  |  |  |
| Does the Applicant(s) operations include the sale, service, or installation of barbecues? | [ ]  Yes [ ]  No  |
|  |  |  |
|  | If yes, please describe in detail any operation involving the sale, service, or install of barbecues. |       |
|  |  |  |
|  |       |
|  |  |  |
| Does the Applicant(s) operations include the sale, service, or install of computer equipment or software? | [ ]  Yes [ ]  No  |
|  |  |  |
|  | If yes, please describe: |       |
|  |  |  |
| Does the Applicant(s) operations include the sale, repair, or fabricating of fine jewelry, gold, or precious stones? | [ ]  Yes [ ]  No  |
|  |  |  |
|  | If yes, please describe: |       |
|  |  |  |
| Is there a deep fat fryer, commercial range, charbroiler, grill/griddle, wok or other similar commercial grade heat-generating cooking appliance where oil and/or grease laden vapour is present or can be generated at the location? | [ ]  Yes [ ]  No  |
|  |  |  |
| Is there a UL300, ULC1254.6 certified automatic fire extinguishing  system and NFPA #96 compliant commercial hood, plenum, duct and ventilation system in the commercial kitchen facility? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, the Applicant attests the certified automatic fire extinguishing system above is cleaned, serviced, and maintained by a trained and qualified third party contractor at least every 6 months under contract? | [ ]  Yes [ ]  No  |
|  |  |
| The Applicant attests that all hoods, flues, plenum, grease traps, ducts and ventilation systems must be cleaned, serviced and maintained by a properly trained and qualified third party contractor in cleaning of commercial cooking systems at least every 6 months? | [ ]  Yes [ ]  No  |
|  |  |
| The Applicant attests that if a Deep Fat Fryer is present, a non-combustible receptacle will be used to store waste and batter scraps and will be removed from the premises at the end of each frying session? | [ ]  Yes [ ]  No  |
|  |  |
| Does the Applicant offer bouncy castle, ball pits, wall climbing, trampolines, or children’s playground equipment? | [ ]  Yes [ ]  No  |
|  |  |
| If the applicant sells Farm Equipment, please provide the maximum value of any one piece of equipment sold: | $      |
|  |  |
| If the applicant sells Janitorial supplies, The applicant confirms they do not offer janitorial services to third parties –  they sell products only. | [ ]  Yes [ ]  No  |

|  |
| --- |
| **RISK LOCATION** (one location per policy) |
|  |
| Address: |       | City: |       |
|  |  |  |  |  |
| Postcode / ZIP Code: |       | Province: |       |
|  |  |  |  |  |
| Total area of Applicant's premises (square feet): |       | Is the premises a private residence? | [ ]  Yes [ ]  No  |
|  |  |  |  |  |
| How is de-icing/snow removal handled for the premises? |  |
|  |  |
|  | [ ]  Applicant is not responsible - snow/ice removal by landlord  |  |
|  | [ ]  Applicant is not responsible - snow/ice removal performed by Municipality |
|  | [ ]  Applicant is responsible - snow/ice removal by an insured contractor |
|  | [ ]  Applicant is responsible – handled by Applicant themselves as needed |
|  |  |
|  | If the Applicant removes the snow/ice themselves, do they keep a snow removal log going back at least 5 years? | [ ]  Yes [ ]  No  |
|  |  |
| **COVERAGES** |
|  |  |  |  |
| Commercial General Liability Limit: | [ ]  $1,000,000 | [ ]  $2,000,000 | [ ]  $3,000,000 |
|  | [ ]  $4,000,000 | [ ]  $5,000,000 |  |
|  |  |  |  |
|  | Tenant’s Legal Liability Limit: | [ ]  $250,000 | [ ]  $500,000 | [ ]  $1,000,000 |
|  |  | [ ]  $2,000,000 |  |  |
|  |  |  |  |  |
|  | Non-Owned Auto Limit: | [ ]  $0 (not required) | [ ]  $1,000,000 | [ ]  $2,000,000 |
|  |  |  |  |  |
|  | How many times per month does the Applicant(s) (or it’s employees) utilize an automobile not owned/leased by the Applicant(s) for business purposes (deliveries etc.) (if never, please indicate  “0”)? |       |
|  |  |  |  |  |
|  |  | Are non-owned vehicles used to transport people? | [ ]  Yes [ ]  No  |  |
|  |  |  |  |  |
|  | Employer’s Liability Limit: | [ ]  $0 (not required) | [ ]  $1,000,000 | [ ]  $2,000,000 |
|  |  |  |  |  |
|  | Employment Benefits Liability Extension: | [ ]  $0 (not required) | [ ]  $1,000,000 |  |
|  |  |  |  |  |
| Deductible (Liability): | [ ]  $1,000 | [ ]  $2,500 | [ ]  $5,000 |
|  | [ ]  $10,000 |  |  |
|  |  |  |  |
| **OPTIONAL PROPERTY COVERAGE** |
|  |  |  |  |
| Does the Applicant require property coverage at this risk location? | [ ]  Yes [ ]  No  |
|  |  |
|  | Business Personal Property (contents, equipment, EDP, tenants improvements) excluding stock/ inventory | $      |
|  |  |  |
|  | Stock / Inventory: | $      |
|  |  |  |
|  | COED - Contents of Every Description (combined single limit of Business Personal Property (including tenants improvements) and Stock/Inventory): | $      |
|  |  |  |
|  | Miscellaneous Articles Floater: | $      |
|  |  |  |
|  | Business Interruption – Profits (ALS): | $      |
|  |  |  |
|  | Business Interruption – Extra Expense: | [ ]  $10,000 | [ ]  $25,000 | [ ]  $50,000 |
|  |  |  |  |  |
|  | Property Deductible – all other perils: | [ ]  $1,000 | [ ]  $2,500 | [ ]  $5,000 |
|  |  | [ ]  $10,000 | [ ]  $25,000 |  |
|  |  |  |  |  |
|  | Coverage Type: | [ ]  Broad Form\* | [ ]  Limited Perils |  |
|  |  |  |  |  |
|  | \* Deductible – Damage Due to Water | [ ]  $2,500 | [ ]  $3,500 | [ ]  $5,000 |
|  |  | [ ]  $7,500 | [ ]  $10,000 | [ ]  $25,000 |
|  |  | [ ]  $50,000 |  |  |
|  |  |  |  |  |
| Sewer Backup Coverage: | [ ]  Yes [ ]  No  | Flood Coverage: | [ ]  Yes [ ]  No  |
|  |  |
| Earthquake Coverage: | [ ]  Yes [ ]  No  |
|  |  |
| **LOCATION/BUILDING DETAILS** |
|  |
| Building – Year Built: |       |  |
|  |  |  |
| Construction: | [ ]  Wood Frame  | [ ]  Masonry Veneer  | [ ]  Masonry - including Mill  |
|  | [ ]  Log | [ ]  Non-Combustible - HCB  | [ ]  Non-Combustible – all steel Frame  |
|  | [ ]  Fire Resistive – poured concrete  | [ ]  Fire Resistive – concrete tilt up | [ ]  Modular/ Prefab |
|  | [ ]  Steel frame with fabric covering  | [ ]  Clay  | [ ]  Straw |
|  | [ ]  Insulated concrete forms | [ ]  Mixed construction types |  |
|  |  |  |  |
| Roof material: | [ ]  Asphalt Shingles | [ ]  Cedar | [ ]  Clay/ Slate | [ ]  Rubber | [ ]  Flat Deck/ Tar + Gravel |
|  | [ ]  Green | [ ]  Metal | [ ]  Straw | [ ]  Thatched | [ ]  Zinc |
|  | [ ]  Multiple – more than one of the above roof types |       |
|  |  |  |  |
| Year of latest roof update: |       |  |  |
|  |  |  |  |
| Heating:  | [ ]  Baseboard Electric  | [ ]  Boiler – In floor Radiant heat | [ ]  Boiler – water baseboard  |
|  | [ ]  Fireplace Inserts  | [ ]  Forced Air Furnace  | [ ]  Heat Pump  |
|  | [ ]  Plug-in space heaters  | [ ]  Radiant Ceiling Heat Panels - Electric  | [ ]  Stoves (wood heat, pellet)  |
|  | [ ]  Wall Furnace/ Wall Heater | [ ]  Wood heat appliance  | [ ]  Building is not heated  |
|  | [ ]  Roof top HVAC system  | [ ]  Combination – Forced Air Furnace with add on Wood buring unit  |
|  |  |  |
| Year of latest heating update: |       |  |
|  |  |  |
| Electrical: | [ ]  Circuit Breakers | [ ]  Fuses | [ ]  Mixed – more than one of the above types |
|  |  |  |  |
| Wiring type: | [ ]  Aluminum | [ ]  Cooper | [ ]  Knob + Tube | [ ]  Mixed – Aluminum, Cooper, Knob + tube |
|  |  |  |  |  |
|  | If Mixed, what percentage of each type constitutes the wiring of the premise? |  |
|  |  |  |
|  | Aluminum %: |       | Cooper %: |       | Knob + Tube %: |       |
|  |  |  |  |  |  |  |
|  |  |  |  |
| Plumbing type: | [ ]  Copper, PEX, PVC, ABS | [ ]  Polybutylene | [ ]  Galvanized Steel |
|  | [ ]  Kitec | [ ]  Cast Iron | [ ]  Building does not have plumbing |
|  | [ ]  Mixed – more than one of the above types of plumbing |  |
|  |  |  |
| Does the premises have a monitored alarm (both fire and burglary) system? | [ ]  Yes [ ]  No  |
|  |  |
| Does the property have security bars and or security film stalled on all glass windows and doors? | [ ]  Yes [ ]  No  |
|  |  |
| Is the premises sprinklered? | [ ]  Yes [ ]  No  |
|  |  |
| Does the building have a solid fuel heat device (other than a traditional fireplace)? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, was the solid fuel heat device professionally installed? | [ ]  Yes [ ]  No  |
|  |  |  |
|  | Is there a passed WETT inspection on file? | [ ]  Yes [ ]  No  |
|  |  |  |
|  | Have modifications been made to the solid fuel heat device? | [ ]  Yes [ ]  No  |
|  |  |  |
|  | The applicant attests that the following risk management is in place in the building: |  |
|  |  |  |
|  | The solid fuel heat device and chimney are cleaned every year prior to heating season? | [ ]  Yes [ ]  No  |
|  |  |  |
|  | Ashes are disposed of in a metal, lidded container and placed on a non-flammable surface? | [ ]  Yes [ ]  No  |
|  |  |  |
|  | At least 24 inches of clear space will be maintained from the solid fuel heat device to furniture, fuel, or other combustible materials? | [ ]  Yes [ ]  No  |
|  |  |
| **OPTIONAL EQUIPMENT BREAKDOWN** |
|  |
| Optional Equipment Breakdown:  | [ ]  Required | [ ]  Not Required |  |  |
|  |  |  |  |  |
|  **OPTIONAL CRIME COVERAGE**  |
|  |
| Optional Crime Coverage (3D) | [ ]  $0 – not required  | [ ]  $10,000 | [ ]  $25,000 |
|  |  |  |  |
| **ISSUANCE INFORMATION** |
|  |
| **WILDFIRE & FLOOD** |
|  |
| Is the risk located within 25 kilometers of a current wildfire? | [ ]  Yes [ ]  No  |
|  |  |
| Is this risk located in an area that is currently under flood warning? | [ ]  Yes [ ]  No  |
|  |  |
| **LOSS PAYABLE(S)** |  |
|  |  |
| Name: |       |
|  |  |  |
| Address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| **ADDITIONAL INSUREDS** |  |  |
|  |  |  |
| Name: |       |
|  |  |
| Address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |        |
|  |  |  |  |
| What is the relation between the Applicant and the additional insured entity? |
|  |
|  | [ ]  Customer of Insured  | [ ]  Landlord |
|  | [ ]  Government Body  | [ ]  Lead Contractor  |
|  | [ ]  Lessor/ Finance Company  | [ ]  Subsidiary (100% wholly owned by Applicant) |
|  | [ ]  Subsidiary (not wholly owned by Applicant)  | [ ]  Joint venture |
|  | [ ]  Other  |   |
|  |  |  |
| **WAIVER OF SUBROGATION** |  |
|  |  |
| Does the applicant require a Waiver of Subrogation in favour of any entities? | [ ]  Yes [ ]  No  |

|  |  |
| --- | --- |
| Name: |       |
|  |  |
| Address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |        |
|  |  |  |  |
| What is the relationship between the Applicant and the entities requesting a Waiver of Subrogation? |
|  |  |  |  |
|  | [ ]  Government Body | [ ]  Landlord | [ ]  Other – Details: |       |
|  |  |  |  |  |
| **POLICY TERM INFORMATION** |  |  |  |
|  |  |  |  |  |
| Proposed Effective Date (MM/DD/YYYY): |       |  |  |
|  |  |  |  |
| **MAILING ADDRESS** |  |  |  |
|  |  |  |  |
| Address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |        |
|  |  |  |  |
| **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 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. |
|  |  |  |  |
| **Signature of Applicant(s):** |       | **Date:** |       |
|  |  |  |  |
| **Brokerage:** |       | **Broker ID#:** |       |
|  |  |  |  |
| **Broker Email:** |       | **Phone:** |       |
|  |  |  |  |

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