|  |
| --- |
|  **MEDIA / MARKETING FIRMS** -APPLICATION FOR INSURANCE |

This Media / Marketing Firms package targets various professional media firms such as advertising agencies, marketing consultants, web design, public relations firms, etc.

 E&O and CGL must be purchased as a package. Property coverage is optional.

|  |
| --- |
|  **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 (Legal Name/s): |       |
|  |  |
| Risk location address: |       |
|  |  |
| City: |       | Province: |       | Postcode/ Zip Code: |       |
|  |  |  |  |  |  |
| Website: |       | Social media handles: |       |
|  |  |
| Does the Applicant work from a home office? |  | [ ]  Yes [ ]  No  |
|  |  |  |
| Does the Applicant have any locations outside of Canada? |  | [ ]  Yes [ ]  No  |
|  |  |  |
|  | If yes, describe the locations outside of Canada: |       |
|  |  |
| What year was the Applicant's business established? |       |  |
|  |  |  |
| Years of experience in the same field: |       |  |
|  |  |  |
| Number of employees: |       |  |  |
|  |  |  |  |
| **RISK INFORMATION** |
|  |  |  |
| **Total Revenues (Last 12 Months)** |
|  |
| Total gross annual revenues last 12 months from Canada: | $      |  |
|  |  |  |
| Total gross annual revenues last 12 months from the US: | $      |  |
|  |  |  |
| Does the Applicant have any revenues that emanate from countries other than Canada & the US? | [ ]  Yes [ ]  No  |  |
|  |  |  |
|  |  |  |
|  | If yes, total gross annual revenues that will emanate from countries other than Canada & the US: | $      |  |
|  |  |  |
|  | List the countries outside of Canada & the US that the Applicant’s revenues were derived from: |  |
|  |  |  |
|  |       |
|  |  |  |
| **Forecasted Total Revenues (Next 12 Months)** |
|  |
| Forecasted gross annual revenues next 12 months from Canada: | $      |  |
|  |  |  |
| Forecasted gross annual revenues next 12 months from the US: | $      |  |
|  |  |  |
| Does the Applicant anticipate any revenues emanating from countries other than Canada & the US? | [ ]  Yes [ ]  No  |  |
|  |  |  |
|  | If yes, forecasted gross annual revenues that will emanate from countries other than Canada & the US: | $      |  |
|  |  |  |
|  | List the countries outside of Canada & the US that the Applicant anticipates revenues will come from: |
|  |  |
|  |       |
|  |  |
| **Services Provided** |
|  |
| Please indicate all operations provided by the Applicant and the percentage of gross annual revenues that are derived from this service (%). Note – all of the Applicant’s operations must be accurately described for coverage to apply. |
|  |
| [ ]  Graphic Design | %      | [ ]  Marketing Agency | %      |
|  |  |  |  |
| [ ]  Marketing Consultant | %      | [ ]  Web Consulting and Design | %      |
|  |  |  |  |
| [ ]  Corporate Communications | %      | [ ]  Market Research Firm | %      |
|  |  |  |  |
| [ ]  Computer Animation | %      | [ ]  Copywriter (Non-technical) | %      |
|  |  |  |  |
| [ ]  Photographer | %      | [ ]  Videographer | %      |
|  |  |  |  |
| [ ]  Advertising Agent/ Firm | %      | [ ]  Public Relations | %      |
|  |  |  |  |
| [ ]  Video and Audio Production | %      | [ ]  Social Media – strictly management for  others | %      |
|  |  |  |  |
| [ ]  Social Media site – Insured’s own site(s) | %      | [ ]  Social Networking Site – strictly  management for others | %      |
|  |  |  |  |
| [ ]  Social Networking Site – Insured’s own site(s) | %      | [ ]  Publisher | %      |
|  |  |  |  |
| [ ]  Printer (excluding 3-D printing) | %      | [ ]  3-D Printing | %      |
|  |  |  |  |
| [ ]  E-Commerce Site – strictly management for  others | %      | [ ]  E-Commerce Site – Insured’s own site(s) | %      |
|  |  |  |  |
| [ ]  Application service developer | %      | [ ]  Application service provider | %      |
|  |  |  |  |
| [ ]  Computer consultants | %      | [ ]  System training and education | %      |
|  |  |  |  |
| [ ]  Sales of pre-packaged software | %      | [ ]  Data processing/ outsourcing operations | %      |
|  |  |  |  |
| [ ]  Data storage and retrieval services | %      | [ ]  Software development | %      |
|  |  |  |  |
| [ ]  Website development | %      | [ ]  Web-hosting services | %      |
|  |  |
| CHECK YOUR NUMBERS - I have reviewed the list of operations provided above and confirm they add up to 100%. | [ ]  Yes [ ]  No  |
|  |  |
| Does the Applicant’s operations include services that are not listed in the prior selections? | [ ]  Yes [ ]  No  |
|  |  |
|  | Describe the services: |       |
|  |  |
| Does the Applicant create and operate its own social media or social networking or e-commerce platform? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, Provide name of platform and purpose: |       |
|  |  |
| Does the Applicant use sub-contractors? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, does the Applicant require evidence of insurance from all sub-contractors? | [ ]  Yes [ ]  No  |
|  |  |
| **Specialty Industries Served** |  |
|  |  |
| Does the Applicant’s operations include work in the AVIATION, AEROSPACE, NUCLEAR OR MILITARY industries? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe: |       |  |
|  |  |
| Does the Applicant’s operations include work in the TOBACCO, E-CIGARETTES, CANNABIS OR OTHER RECREATIONAL OR CONTROLLED SUBSTANCES (narcotics/drugs) industries? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe: |       |
|  |  |  |
| Does the Applicant’s operations include work in the PHARMACEUTICAL industry? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe: |       |
|  |  |
| Does the Applicant’s operations include work in the FIREARMS industry? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe: |       |
|  |  |
| Does the Applicant’s operations include work in the GAMBLING industry? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe: |       |
|  |  |
| Does the Applicant’s operations include work in GOVERNMENT OR POLITICS? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe: |       |
|  |  |
| Does the Applicant’s operations include work in PORNOGRAPHY? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe |       |
|  |  |
| **Underwriting Questions** |  |
|  |  |
| Does the applicant utilize written contracts with all clients? | [ ]  Yes [ ]  No  |
|  |  |
| Does the Applicant require clients to sign final acceptance from all clients prior to publishing, printing or posting any content? | [ ]  Yes [ ]  No  |
|  |  |
| Does the applicant have a formal written procedure for handling disputes? | [ ]  Yes [ ]  No  |
|  |  |
| Does the Applicant obtain written permission from all other product/service providers where the Applicant uses products or services that are the same or similar, or comparable to others? | [ ]  Yes [ ]  No  |
|  |  |
| Does the Applicant require all employees, owners and sub-contractors sign statements attesting that they will not use any previous employer’s intellectual property, trade secrets or other information critical to the development of any products or services? | [ ]  Yes [ ]  No  |
|  |  |
| Does the Applicant verify the authenticity and originality or all content published, distributed or posted, including the authenticity of the source of the content? | [ ]  Yes [ ]  No  |
|  |  |
| Does the Applicant have a written policy in place to ensure the Applicant and its employees are safeguarded against infringement of copyright or trademarks (including conducting searches in all relevant territories advance)? | [ ]  Yes [ ]  No  |
|  |  |
| Does the Applicant have written policies in place to ensure that the Applicant and its employees do not breach privacy laws or regulations? | [ ]  Yes [ ]  No  |
|  |  |
| **Exposure to Financial Damages** |  |
|  |  |
| Does the Applicant accept liability in writing for any financial damages or consequential loss in any of its contracts with its customers for an amount higher than the value of the contract itself? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, please describe contract details: |       |
|  |  |
| **Loss History** |  |
|  |  |
| Has the Applicant had any losses (insured or otherwise) in the last five years? (Attach additional page if needed) | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, provide date, nature and amount paid: |
|  |  |
|  | Date: |       | Amount Paid: | $      |
|  |  |  |  |  |
|  | Nature: |       |
|  |  |  |
| Is the applicant aware of any circumstances that may result in a Demand, or may give rise to a claim? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, provide date, and description: |  |
|  |  |
|  | 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 Commercial General Liability coverage? | [ ]  Yes [ ]  No  |
|  |  |
|  | Insurer: |       |
|  |  |  |
|  | Premium: | $      | Policy number: |       |
|  |  |  |  |  |
| Does the Applicant currently carry Errors & Omissions Liability coverage? | [ ]  Yes [ ]  No  |
|  |  |  |  |  |
|  | Insurer: |       |
|  |  |  |
|  | Premium: | $       | Policy number: |       |
|  |  |  |  |  |
|  | Retroactive Date on current in-force policy: |       |  |
|  |  |  |  |  |
|  | Limits on current in-force policy: |  |  |
|  |  |  |  |
|  | [ ]  $250,000 / $500,000 (Agg.) | [ ]  $500,000 / $500,000 (Agg.) | [ ]  $1,000,000 / $1,000,000 (Agg.) |
|  | [ ]  $1,000,000 / $2,000,000 (Agg.) | [ ]  $2,000,000 / $2,000,000 (Agg.) | [ ]  $2,000,000 / $4,000,000 (Agg.) |
|  | [ ]  $3,000,000 / $3,000,000 (Agg.) | [ ]  $3,000,000 / $5,000,000 (Agg.) | [ ]  $5,000,000 / $5,000,000 (Agg.) |
|  |  |  |  |
|  | Has the Applicant(s) had continuous professional liability coverage since the retroactive date indicated in this application? | [ ]  Yes [ ]  No  |
|  |  |  |
| Has the Applicant or any directors or officers ever had insurance cancelled, declined or refused? | [ ]  Yes [ ]  No  |
|  |  |
|  | If yes, reason for decline/refusal/cancellation: |
|  |  |
|  | [ ]  Due to cancel for non-payment (premium owed has been paid) | [ ]  Due to claims record |
|  | [ ]  Due to cancel for non-payment (premium still owing to insurer) | [ ]  Other reasons (not cited) |
|  | [ ]  Insurer does not write that type of operation |  |
|  |  |
|  | If other, please describe: |       |
|  |  |  |
| **COVERAGES** |
|  |  |
| **Errors and Omissions:** |
|  |
|  | [ ]  $250,000 / $500,000 (Agg.) | [ ]  $500,000 / $500,000 (Agg.) | [ ]  $1,000,000 / $1,000,000 (Agg.) |
|  | [ ]  $1,000,000 / $2,000,000 (Agg.) | [ ]  $2,000,000 / $2,000,000 (Agg.) | [ ]  $2,000,000 / $4,000,000 (Agg.) |
|  | [ ]  $3,000,000 / $3,000,000 (Agg.) | [ ]  $3,000,000 / 5,000,000 (Agg.) | [ ]  $5,000,000 / $5,000,000 (Agg.) |
|  |  |  |  |
| Applicant Attestation: It is hereby understood and agreed that, if the Applicant is aware of any fact, circumstance, or situation, prior to the inception of the proposed insurance, that subsequently results in a claim against the Applicant, coverage for such claim is excluded under the proposed insurance. | [ ]  Yes [ ]  No  |
|  |  |
| **Commercial General Liability:** | [ ]  $1,000,000 | [ ]  $2,000,000 | [ ]  $5,000,000 |
|  |  |  |  |
| **Tenant's Legal Liability:** | [ ]  $500,000 | [ ]  $1,000,000 | [ ]  $2,000,000\* |
|  |  |  |  |
| **Employer's Liability:** | [ ]  Not required | [ ]  $1,000,000 | [ ]  $2,000,000\* |
|  |  |  |  |
| **Non-owned Automobile:** | [ ]  Not required | [ ]  $1,000,000 | [ ]  $2,000,000\* |
|  |  |  |  |
|  |  | *\*Not available with CGL of $1,000,000* |
| **Optional Property Coverage** |
|  |
| Does the Applicant require property coverage? | [ ]  Yes [ ]  No |
| *If yes, please provide the following details:* |
| Business Personal Property: | $      |
| Contents of Every Description (incl. Improvements, Stock, Contents): | $      |
| Stock / Inventory: | $      |
| Miscellaneous Articles Floater: | $      |
| Does the Applicant require coverage for: | [ ]  Flood | [ ]  Earthquake | [ ]  Sewer Backup |
| Is Business Interruption coverage (ALS) requested? | [ ]  Yes [ ]  No  |  |
|   | If yes, Business Interruption – ALS Limit Required: | $      |  |
| **Optional Crime** |  |  |
|  |  |  |
| Comprehensive Dishonesty, Destruction, Disappearance and Forgery: |  |
|  |  |
| [ ]  Not required | [ ]  $5,000 | [ ]  $10,000 | [ ]  $25,000 |
|  |  |  |  |
| **Optional Equipment Breakdown Coverage** |
| Does the Applicant require Equipment breakdown Coverage? | [ ]  Yes [ ]  No |
|  |  |
| **BUILDING INFORMATION** |
|  |
| Year built: |       |  |
|  |  |  |
| Building Construction: |  |  |  |  |  |
|  |  |  |  |  |  |
|  | [ ]  Fire Resistive | [ ]  Frame | [ ]  Non-Combustible | [ ]  Other – describe: |       |
|  |  |  |  |  |  |
|  | Age of roof (YYYY): |  |  |  |  |
| Primary heating type for building: |
|  |
|  | [ ]  Baseboard electric | [ ]  Boiler – In floor radiant heat |
|  | [ ]  Boiler – water baseboard | [ ]  Combination – Forced air furnace with add on wood burning unit |
|  | [ ]  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 |
|  |  |  |
|  | Year of heating upgrade: |       |  |
| Plumbing type: |
|  |
|  | [ ]  Copper, PEX, PVC, ABS | [ ]  Polybutylene |
|  | [ ]  Galvanized steel | [ ]  Kitec |
|  | [ ]  Cast iron | [ ]  Mixed – more than one of the above types of plumbing |
|  | [ ]  Building does not have plumbing |  |
|  |  |  |
|  | Year of plumbing upgrade: |       |  |
|  |  |  |
| Electrical type: |  |  |  |
|  |  |  |  |
|  | [ ]  Circuit breakers | [ ]  Fuses | [ ]  Mixed – more than one of the above types |
|  |  |  |  |
|  | Electrical – Amps: | [ ]  60 | [ ]  80 | [ ]  100 | [ ]  200 | [ ]  400 | [ ]  Greater than 400 |
|  |  |  |  |  |  |  |  |
|  | Year of electrical upgrade: |       |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Wiring type: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | [ ]  Copper | [ ]  Knob + tube | [ ]  Aluminum | [ ]  Mixed – Aluminum, copper and/or knob + tube |
|  | What percentage is aluminum? |       |  |  |
|  | Has the electrical wiring been inspected and approved by a licensed electrician? | [ ]  Yes\* [ ]  No  |
|  |  \*If yes, please attach report. |  |
|  |  |  |
| **Solid Fuel Heat** |  |  |
|  |  |  |
| Does the building have a solid fuel heat device (other than a traditional fireplace)? | [ ]  Yes [ ]  No  |
|  | Was the solid fuel heat device professionally installed? | [ ]  Yes [ ]  No  |
|  | Is there a passed WETT inspection on file? \*If yes, please attach report. | [ ]  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 |
|  |
| **Protection** |
| Sprinklered? | [ ]  Yes [ ]  No | Centrally monitored alarm? | [ ]  Yes [ ]  No |
| **Flood Exposure** |
| Has the risk ever been evacuated or issued an evacuation order or alert, due to flood? | [ ]  Yes [ ]  No |
| Is this risk located in an area that is currently under flood warning? | [ ]  Yes [ ]  No |
| **Wildfire Exposure** |  |
| Has the risk ever been evacuated or issued an evacuation order or alert, due to wildfire? | [ ]  Yes [ ]  No |
| Is this risk located within 25kms of a current wildfire? | [ ]  Yes [ ]  No |
| **ISSUANCE INFORMATION** |
| **Policy Term Information** |  |
| Proposed Effective Date (MM/DD/YYYY): |       |  |
| **Mailing Address** |  |  |
| If not the same as risk address. |  |  |
|  | Address: |       | City: |       |
|  | Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |  |
| **Additional Insureds** |  |  |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.):(Attach additional page if needed) |
| Name: |       |  |
| Address: |       | City: |       |
| Province: |       | Postcode/ ZIP Code: |  | Country: |       |
|  | What is the relation between the Applicant and the additional insured entity? |  |
|  | [ ]  Customer of Insured | [ ]  Government Body |
|  | [ ]  Joint venture | [ ]  Landlord |
|  | [ ]  Lead Contractor | [ ]  Lessor/ Finance Company |
|  | [ ]  Subsidiary (100% wholly owned by Applicant) | [ ]  Subsidiary (not wholly owned by Applicant) |
|  | [ ]  Other - Describe the reason for this additional insured request: |       |
|  |  |  |
| 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 entity(ies) requesting a Waiver of Subrogation? |  |
|  |  |
|  | [ ]  Landlord | [ ]  Lead Contractor | [ ]  Government Body | [ ]  Other |  |
|  |  |  |  |  |  |
| **Loss Payables Information** |  |  |
|  |  |  |
| List in order ALL mortgagees, loss payees, additional interests, and other interested parties (name and address):(Attach additional page if needed) |
| Name: |       |  |
| Address: |       | City: |       |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| **Wildfire + Flood** |  |
|  |  |
| Is this risk located within 25kms of a current wildfire? |  | [ ]  Yes [ ]  No |
|  |  |
| Is this risk located in an area that is currently under flood warning? |  | [ ]  Yes [ ]  No |
|  |  |  |
| **Expiring E&O Coverage Info** |  |  |
|  |  |  |
| Expiry Date of Current in-force Professional liability policy: |       |  |
|  |  |  |
| **E-Signature Automation** |  |  |  |
| Applicant’s Contact Email Address for E-Signature\* |       |
|  |  |  |
| **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:**  |       |
| **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)**.**