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| **ACCOUNTANTS PACKAGE** -APPLICATION FOR INSURANCE |

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| **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** | | |
| Applicant (legal name/s): |  | |
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| Risk location address: |  | |
| City: |  | |
| Province: |  | |
| Postcode / ZIP Code: |  | |
| Does the Applicant work from a home office? | | Yes  No |
| Does the Applicant have any locations outside of Canada? | | Yes  No |
| Year business was established: | |  |
| How many years has the Applicant (Principal) held a CPA designation for? | |  |
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| Which provincial office of the CPA does the Applicant fall under (required for governing body notifications)? | | |

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| Select all that apply: | Alberta | Northwest Territories | Quebec |
|  | British Columbia | Nova Scotia | Saskatchewan |
|  | Manitoba | Nunavut | Yukon |
|  | New Brunswick | Ontario | Prince Edward Island |
|  | Newfoundland and Labrador |  |  |
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| Total Number of Employees: |  |  |

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| Total Number of CPAs on staff: |  |  |

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| **Loss History** | |
| Has the Applicant had any losses (relevant to the insurance been applied for) in the last five years? | Yes  No |

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| *If so, provide details:* |
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|  | If yes, date of claim: |  | Nature of loss: |  |

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|  | Loss/Expenses Paid: |  |  |  |

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|  | Date of claim: |  | Nature of loss: |  |

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|  | Loss/Expenses Paid: |  |  |  |
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|  | Date of claim: |  | Nature of loss: |  |

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|  | Loss/Expenses Paid: |  |  |  |

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|  | Has the Applicant had more than three losses (relevant to the insurance been applied for) in last five years? | | | | | | | Yes  No | |
| Is the applicant aware of any circumstances that may result in a demand, or may give rise to a claim? | | | | | | | Yes  No | | |
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|  | | Date: |  |  | Description: |  | | | |

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| **Prior Insurance** |

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| Does the Applicant currently carry Commercial General Liability coverage? | Yes  No |

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| If yes, please provide policy details: | | | | | |
|  | Insurer: |  | Premium: | $ |  |

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|  | Policy Number: |  |  |

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| Does the Applicant currently carry Errors & Omissions Liability coverage? | | | | | | | | Yes  No | | | | | | | |
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| If yes, please provide details: | | | | | | | | | | |  | | | | |
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|  | Insurer: |  | | | | Premium: | $ | | | | | |  | | |
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|  | Policy number: | |  | | | Retroactive Date on current in-force policy: | | | | | | | |  | |
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| Limits on current in-force policy? | | | | $250,000 / $500,000 (Agg.) | | | | | $2,000,000 / $2,000,000 (Agg.) | | | | | |  |
|  | | | | $500,000 / $500,000 (Agg.) | | | | | $2,000,000 / $5,000,000 (Agg.) | | | | | |  |
|  | | | | $1,000,000 / $1,000,000 (Agg.) | | | | | $5,000,000 / $5,000,000 (Agg.) | | | | | |  |
|  | | | | $1,000,000 / $5,000,000 (Agg.) | | | | |  | | | | | |  |
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| Has the Applicant(s) had continuous professional liability coverage since the retroactive date indicated in this application | | | | | | | | | | Yes  No | | | | | |
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| Has the Applicant or any directors or officers ever had insurance cancelled, declined or refused? | | | | | | | | | | Yes  No | | | | | |
| If yes, select the reason for decline/  refusal/cancellation: | | | | | Due to cancel for non-payment (premium owed has been paid)  Due to cancel for non-payment (premium still owing to insurer)  Due to claims record  Insurer does not write that type of operation | | | | | | | | | | |
| Other reasons (not cited in choice above): | | | | | | |  | | | |
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| **Total Gross Fee Revenue (Last 12 Months)** |

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| Total gross annual fees last 12 months: | $ |  |  |

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| Did any of the Applicant’s fees emanate from projects located in the USA? | Yes  No |  |

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|  | What was the % of fees emanating from projects located in the USA? | % |  |  |

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| **Forecasted Total Gross Fee Revenues (Next 12 Months)** |

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| Total gross annual revenues next 12 months: | $ |  |  |

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| Will any of the Applicant’s fees emanate from clients located in the USA? | Yes  No |  |

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|  | What will the % of fees emanating from clients located in the USA be? | % |  |  |

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| **RISK INFO - Breakdown(%) of Professional Services Provided** |

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| PLEASE READ CAREFULLY: Provide the breakdown of Services below. Coverage will only apply for the services where a breakdown has been provided. Services not declared below will not be covered and total must equal to 100%. |

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| Audit engagements for publicly held companies on stock market | % | Bookkeeping services (including payroll, benefits administration) | % |

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| Business Valuations | % | Consulting services – computer related | % |

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| Consulting services – business management | % | Estate planning | % |

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| Executor/Administrator/Trustee Services | % | Financial Statements–Audited (for privately held organizations) | % |

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| Financial Statements – Unaudited/notice to reader | % | Financial Statements – Review and engagement | % |

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| Forensic Accounting | % | Notary services | % |

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| Receiverships/Liquidation/Insolvency/Bankruptcy | % | Tax Returns – Corporate | % |

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| Tax Returns – Personal/Individuals | % |  |

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| I have reviewed the list of services provided above and confirm they add up to 100%. | Yes  No |
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| **Specialty Work** | |

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| AUDIT WORK FOR COMPANIES LISTED ON A STOCK EXCHANGE - Has or will the Applicant do audit work for companies listed on a public stock exchange? | Yes  No |
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| ESTATES - EXECUTORS / TRUSTEES SERVICES - Has the Applicant acted or intend to act as a Trustee/Executor/Administrator? | Yes  No |

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|  | What percentage of the Applicants total revenue is or will be derived from Executor / Trustee / Administrator services (%) | % |  |

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|  | What is the maximum value of any estate that the Applicant will provide Executor / Administrator / Trustee services for: | $ |  |

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| RECEIVERS / LIQUIDATION /BANKRUPTCY - Has or will the Applicant act in capacity of a Receiver / Liquidator, or perform any services for firms during receivership, liquidation or bankruptcy? | Yes  No |

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|  | What percentage of the Applicants total revenue is or will be derived from receivership / liquidation / bankruptcy services(%) | $ |  |

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| CFO OR COMPANY SECRETARY FOR HIRE - Has or will the Applicant act in capacity of a CFO for hire or Company Secretary for hire for a client? | Yes  No |
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| OVERSEAS TAX STRATEGIES - Has or will the Applicant provide services to create or implement overseas tax strategies? | Yes  No |

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| PROFESSIONAL INVESTMENT ADVICE - Does the Applicant provide professional investment advice? | Yes  No |

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|  | If yes, describe the investment advice provided: |  |

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| **Loss Control – Risk Management** |

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| Has or will the Applicant accept any sort of finder fees or commissions for referrals or sale of products outside of that governed by Chartered Professional Accountants association? | Yes  No |

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| Has the Applicant(s) or any of its partners, officers or directors, ever suffered bankruptcy or insolvency? | Yes  No |

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|  | If Yes, describe in detail the bankruptcy and insolvency including time frames: |  |

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| Has the Applicant(s) or any of its partners, officers or directors, ever been subject to disciplinary proceedings for professional misconduct by a regulatory body, association or statutory registration board? | Yes  No |

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|  | | If yes, describe in detail the bankruptcy and insolvency including time frames: |  | |
| Does or will the Applicant use sub-contractors / sub-consultants? | | | | Yes  No |
|  | Does the Applicant require evidence of professional liability insurance from all sub-contractors / sub-consultants? | | | Yes  No |
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| **Written Documentation** | | | | |
| Does the Applicant use written contracts/service agreements with ALL clients? | | | | Yes  No |

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| Does the Applicant have an internal written policy and procedure to ensure all privacy and confidentiality rules are adhered to? | Yes  No |
| If and when doing audit work, will the Applicant always have a dual sign off process in place? | Yes  No |
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| **Conflicts of Interest** | |
| Does the Applicant have an internal written policy for handling conflicts of interest? | Yes  No |

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| The Applicant confirms that they will NOT provide any services related to estates/trusts when the Applicant themselves or their spouse is the beneficiary of the estate/trust? | Yes  No |
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| **Outside Directorship Exposure** | |
| Attestation:  The Applicant hereby confirms that if they (or any employees at the direction of the Applicant) serve on a board of directors, they will always ensure that the organization will have its own separate directors and officers liability insurance policy in place for such board: | Yes – I attest to this requirement, and understand failure to do this may result in coverage restraint under the policy being applied for.  No |
| **Specialty Clientele** | |
| Does the Applicant have any clients in the following specialty industries:  Cryptocurrency creation or management, Government, Banking/Investment Institutions, or Gambling/Gaming? | Yes  No |

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| **COVERAGES** |

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| **ERRORS AND OMISSIONS:** |

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| $1,000,000 / $1,000,000 (Agg.) | $1,000,000 / $2,000,000 (Agg.) | $2,000,000 / 2,000,000 (Agg.) |

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| $2,000,000 / 4,000,000 (Agg.) | $3,000,000 / 3,000,000 (Agg.) | $3,000,000 / 5,000,000 (Agg.) |

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| $5,000,000 / 5,000,000 (Agg.) |  |  |
| **COMMERCIAL GENERAL LIABILITY:** | | |

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| $1,000,000 | $2,000,000 | $3,000,000 |

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| $4,000,000 | $5,000,000 | Not Required |
| **TENANT'S LEGAL LIABILITY:** | | |

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| $500,000 | $1,000,000 |  |
| **EMPLOYER'S LIABILITY:** | | |

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| Not Required | $1,000,000 |
| **NON-OWNED AUTOMOBILE:** | | |

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| Not Required | $1,000,000 |  |
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| **OPTIONAL MISCELLANEOUS ARTICLES FLOATER:** | | |
| |  |  | | --- | --- | | Does the Applicant require coverage for Miscellaneous Articles Floater? | Yes  No | | | |

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|  | If Yes, please enter your requested limit: | $ |  |

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| **OPTIONAL PROPERTY COVERAGE:** | |
| Does the applicant require property coverage? | Yes  No |
| *If yes, please provide the following details:* | |

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| Contents of Every Description (one combined single limit for Business Personal Property, Tenant’s improvements and Stock/Inventory): | $ |  |

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| OR |  |

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| Business Personal Property (contents, equipment, EDP, tenants improvements): | $ |  |

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| Stock / Inventory: | $ |  |

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| Does the Applicant request coverage for: | | Flood | | Earthquake | | | Sewer Backup |
| Is Business Interruption coverage requested? | | Yes  No | | | | | |
|  | If Yes, Business Interruption – Extra Expense | | $10,000 | | $25,000 | $50,000 | |

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|  | If Yes, Business Interruption – ALS Limit Required: | $ |  |

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| **Optional Crime** – Comprehensive Dishonesty, Destruction, Disappearance and Forgery | | Not required | | $5,000 | | $10,000 | | $25,000 | |
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| **Optional Equipment Breakdown Coverage** | Yes  No | | | | | | | | |
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| **COPE Details**: | | | | | | | | | |
| **Building Information** | | | | | | | | | |

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| Year Built: | | |  | | | | |  | | | | | | | | | | | | | |
| Building Construction: | | | | | Wood Frame | | | | | | | | | Straw | | | | |  | Log | |
| Insulated Concrete Forms | | | | | | | | | Modular/Prefab | | | | | | | Clay |
|  | | | | | Fire Resistive (Concrete tilt up) | | | | | | | | | Fire Resistive (poured concrete) | | | | | | | |
|  | | | | | Masonry (Including Mill) | | | | | | | | | Masonry (Veneer) | | |  | | | |  |
|  | | | | | Non-Combustible (All Steel Structure) | | | | | | | | | Non-Combustible (HCB) | | | | | | |  |
|  | | | | | Steel Frame with Fabric Covering | | | | | | | | | Other: | |  | | | | | |
| Year of Roof Update: | | | | |  | | | | | |  | | | | | | | | | | |
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| Primary heating type for building: | | | | Baseboard Electric  Boiler – In-Floor Radiant Heat  Boiler – Water Baseboard  Combination – Forced Air with Add-On Wood Burning Unit | | | | | | | | | Fireplace Inserts  Forced Air Furnace  Heat Pump  Wall Furnace / Wall Heater  Rooftop HVAC System | | | | | Plug-In Space Heaters  Radiant Ceiling Heat Panels – Electric  Stoves (wood heat, pellet)  Building is not heated  Wood Heat Appliance | | | |
| Year of latest heating update: | | | | | | |  | | |  | | | | | | | | | | | |
| Type of Plumbing: | | | | Copper, PEX. PVC, ABS  Polybutylene  Galvanised Steel  Kitec  Cast Iron  Mixed – more than one of the types of plumbing  Building does not have plumbing | | | | | | | | | | | | | | | | | |
| Year of plumbing upgrade: | | | | | |  | | | |  | | | | | | | | | | | |
| Electrical Type: | | | | Circuit Breakers  Fuses Mixed – more than one type | | | | | | | | | | | | | | | | | |
| Electrical Amps: | | | | 60  80  100  200  400  More than 400 | | | | | | | | | | | | | | | | | |
| Wiring Type: | | | | Copper  Knob + Tube  Aluminium  Mixed – Aluminium, Copper and/or Knob + Tube | | | | | | | | | | | | | | | | | |
| If Mixed – What percentage is aluminium?: | | | | | | | | | | | | % | | |  | | | | | | |
| If wiring is not copper, has the electrical wiring been inspected and approved by a licensed electrician?: | | | | | | | | | | | | | | | | | | | | 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 | |
|  | | If yes, Is there a passed WETT inspection on file? | | | | | | | | | | | | | | | | | | Yes  No | |
|  | | If yes, Have modifications been made to the solid fuel heat device | | | | | | | | | | | | | | | | | | Yes  No | |
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|  | **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 | |
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| Sprinklered? | | | | | | | | | Yes  No | | | | | | | | | | | | |

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| Centrally monitored alarm? | | Yes  No | | | |
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| **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 |

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| **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 |

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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 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. |

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| **Signature of Applicant(s):** |  | **Date:** |  |
| Applicant’s Contact Email Address for E-Signature\* |  | | |
| **Brokerage:** |  | **Broker ID#:** |  |
| **Broker Email:** |  | **Phone:** |  |

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