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| **ARCHITECTS & ENGINEERS** -APPLICATION FOR INSURANCE |

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| Forward's Architects & Engineers Program targets architects, engineers, design-build, and related consultants.  Professional Liability (E&O) can be purchased stand alone OR packaged with optional Commercial General Liability (CGL) and optional property coverage.  **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** | |
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| Applicant (legal name/s)  (enter all Named Insureds to be covered under the proposed policy AND answer all the questions in the application form as they relate to all entities): |  |

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| Risk Location Address: |  |

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| City: |  |

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| Province: |  |

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| Postcode / ZIP Code: |  |
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| Does the Applicant work from a home office? | Yes  No |
| Does the Applicant have any locations outside of Canada? | Yes  No |

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| Year business was established: |  |  |

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| How many years of experience does the Applicant (or principals) have providing the services declared in this application form? |  |  |

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| Total number of employees: |  | |  |
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| **LOSS HISTORY** |

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| Has the Applicant had any losses (insured or otherwise) in the last five years? | | | | Yes  No | |
|  | If yes, Claim 1: |  |  | |  |

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|  | Date: |  |  | | Type of loss: | |  | | |
|  | Total Amount (paid or reserve): | | | $ | Open / Closed: | | |  |  |
| Has the Applicant had more than one claim in the last 5 years? | | | | | | Yes  No | | | |

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|  | If yes, Claim 2: |  |  |  |

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|  | Date: |  |  | | Type of loss: |  | | |
|  | Total Amount (paid or reserve): | | | $ | Open / Closed: | |  |  |

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|  | Claim 3: |  |  |  |

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|  | Date: |  |  | | Type of loss: | |  | | |
|  | Total Amount (paid or reserve): | | | $ | Open / Closed: | | |  |  |
| Has the Applicant had more than three claims in the last 5 years? | | | | | | Yes  No | | | | |
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| **CIRCUMSTANCES KNOWN AT INCEPTION** | | | | | | | | | |

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| Is the Applicant aware of any circumstance where the Applicant was called upon to make any payment OR forego any fees as a result of any job dispute during the past five years? | Yes  No |

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|  | If yes, provide full details of the circumstance that resulted in a payment or foregone fees: |  |
| **PRIOR INSURANCE** | | |

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| Is the Applicant(s) a CURRENT Forward policyholder? | | Yes  No |
| If yes, is the risk being quoted in this application currently insured with Forward? | Yes  No |
| Is your brokerage the current broker of record for this account? | Yes  No |
| Is the Applicant(s) a PREVIOUS (and no longer) Forward policyholder? | | Yes  No |
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| Does the Applicant currently carry Commercial General Liability coverage? | | Yes  No |
| If yes, please provide policy details: | | |

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|  | Insurer: | |  | | | | | |  | | Premium: | | $ | | | |  | | | |
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|  | Policy No. | | |  | | | | | | |  | | | | | | |  | | |
| 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 No. | | |  | | | | | | | Retroactive Date on current in-force policy: | | | | | | |  | | |
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|  | Expiry Date of current in-force policy: | | | | | |  | | | | |  | | | | | | | | |
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| Limits on current in-force policy: | | | | | | $250,000 / $250,000 (Agg.) | | | | | | | | $250,000 / $500,000 (Agg.) | | | | |  | |
|  | | | | | | $500,000 / $500,000 (Agg.) | | | | | | | | $500,000 / $1,000,000 (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.) | | | | | | | |  | | | | |  | |
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| Are there MULTIPLE Retroactive Dates / Limits on the current policy? | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | If Yes, Enter the various retroactive dates and respective limits in the order of OLDEST limit/date to current | | | | | | | | | | | | | | |  | | | |
|  | | Limits: | | | | | | | | | | | | | | | Retroactive Start Dates:  mm/dd/yyyy | | | |
| #1 | |  | | | | | | | | | | | | | | |  | | | |
| #2 | |  | | | | | | | | | | | | | | |  | | | |
| #3 | |  | | | | | | | | | | | | | | |  | | | |
| #4 | |  | | | | | | | | | | | | | | |  | | | |
| #5 | |  | | | | | | | | | | | | | | |  | | | |
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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 | | | |
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| If yes, 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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| **LICENSE SUSPENSIONS, FINES, REPREMIANDS OR BANKRUPTCY** |

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| Does the Applicant have any knowledge or information of any prior or pending license suspension, investigation, reprimand or fine, being imposed on any of the Applicants employees or principals? | Yes  No |

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| If yes, provide full details of any prior or pending suspension, reprimand or fine: |  |

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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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|  | If Yes, what was the % of fees emanating from projects located in the USA? | % |  |  |
|  | If Yes, describe all projects in the USA in detail: |  | |  |

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| Have any of the Applicant’s fees emanated from projects located outside of Canada and the USA? | Yes  No |  |

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|  | If Yes, what was the % of fees emanating from projects located outside Canada or the USA? | % |  |  |

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|  | If Yes, describe all projects located outside of Canada or the USA in detail: |  |  |

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| What was the Applicant’s largest contract with a single client during the last 12 months? | $ |  |

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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 projects located in the USA? | Yes  No |  |

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|  | If Yes, what will the % of fees emanating from projects located in the USA be? | % |  |

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|  | If Yes. describe all projects in the USA in detail: |  |

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| Will any of the Applicant’s fees emanate from projects located outside of Canada and the USA? | Yes  No |

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|  | If Yes, what will the % of fees emanating from projects located outside Canada or the USA be? | % |  |

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|  | If Yes, describe all projects located outside of Canada or the USA in detail: |  |

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| What will the Applicant’s largest contract with a single client be (in $) in the next 12 months? | $ |  |

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| **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%. | | | | | |
| Acoustic: | % |  | Environmental Hazardous material assessment – excluding remedial design: | % |  |
| Aerospace: | % |  | Environmental lab testing: | % |  |
| Agrology: | % |  | Environmental regulatory and compliance consulting: | % |  |
| Air Quality Testing: | % |  | Environmental – tank and/or septic system design and testing: | % |  |
| Architect: | % |  | Environmental – waste arrangement and brokering: | % |  |
| Architectural Technologist: | % |  | Geology / Geoscience: | % |  |
| Automotive Engineering: | % |  | Geotechnical Engineering (Soil): | % |  |
| Biomedical: | % |  | Home Inspectors; | % |  |
| Building Design – strictly limited to detached homes and low rise construction: | % |  | Interior Design: | % |  |
| Building Design: | % |  | Industrial Process: | % |  |
| Building Envelope: | % |  | Landscape Architect: | % |  |
| Building Surveying – excluding home inspection services: | % |  | Land Surveying: | % |  |
| Chemical Engineering: | % |  | Lighting Design (Excluding civil projects / roadways): | % |  |
| Civil Engineering – light – excluding heavy infrastructure, energy and geotechnical: | % |  | Marine Engineer and/or Naval Architect: | % |  |
| Civil Engineering – heavy: | % |  | Materials Testing – Forensic: | % |  |
| Civil Engineer – Transportation – (incl. rail or port): | % |  | Mechanical Engineering (incl. HVAC): | % |  |
| Civil Engineer – Energy, Water, or Waste (excluding Geotech services): | % |  | Metallurgist: | % |  |
| Construction Management: | % |  | Mining Design: | % |  |
| Design Build Contracting: | % |  | Nuclear Engineering: | % |  |
| Draughtsperson: | % |  | Power Engineering (Excluding Nuclear): | % |  |
| Electrical Engineering: | % |  | Project Management (Construction Industry): | % |  |
| Environmental – phase 1 and 2 report work – excluding any phase 3 report work: | % |  | Water Resources and Sewer Management and Consulting (including Hydrology): | % |  |
| Environmental phase 3 remedial investigation, design, and environmental feasibility studies: | % |  | Structural Engineering: | % |  |

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| **CHECK YOUR NUMBERS** – I have reviewed the list of services provided above and confirm they add up to 100%. | Yes  No |
| If the Applicant is located in Ontario, does the Applicant(s) currently hold a BCIN# or have to provide proof of insurance to the Ministry of Housing and Municipal Affairs? | Yes  No |

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| **SPECIALTY WORK** | |
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| Does the Applicant provide services related to RESIDENTIAL CONDOMINIUMS? | Yes  No |

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|  | If Yes, what percentage of the Applicants overall revenue emanates from RESIDENTIAL CONDOMINIUM work? | % |  |

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| Does the Applicant provide services related to AVIATION OR AIRPORTS? | | | Yes  No |
|  | If Yes, describe the Applicants services related to AVIATION or AIRPORTS: |  | |

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| Does the Applicant provide services to the AEROSPACE industry? | Yes  No |

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| Does the Applicant provide services to AUTOMOTIVE industry? | | | Yes  No |
|  | If Yes, describe the Applicants services to AUTOMOTIVE industry: |  | |

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| Does the Applicant’s work involve the BIOMEDICAL industry? | Yes  No |

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| Does the Applicant’s services involve NUCLEAR ENGINEERING | Yes  No |

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| Is the Applicant a HOME INSPECTOR or provide HOME INSPECTION services? | Yes  No |

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| Does the Applicant provide advice or opinion on the use of EXPLOSIVES? | | | Yes  No |
|  | If Yes, describe the Applicant’s services related to the use of EXPLOSIVES: |  | |

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| Does the Applicant provide services to the OIL & GAS industry? | | | Yes  No | |
|  | If Yes, does the Applicant’s services relate directly to oil and gas REFINING AND PROCESSING? | | | Yes  No |
|  | If Yes, describe the Applicant’s work related to OIL & GAS REFINING and PROCESSING in detail: |  | | |

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| Does the Applicant’s work involve any OFFSHORE OIL & GAS work? | Yes  No |

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| OIL & GAS – Is the Applicant’s work related to specialty in-hole well services, or any directional or horizontal drilling operations? | Yes  No |

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| Does the Applicant provide services related to MINING? | | | Yes  No |
|  | If Yes, describe the Applicants services related to MINING: |  | |

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| Does the Applicant provide services involving AMUSEMENT RIDES? | Yes  No |

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| Does the Applicant provide services involving PUBLIC USE/PARK PLAYGROUNDS? | | | Yes  No |
|  | If Yes, describe the Applicants services provided involving public use/park playgrounds: |  | |

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| Does the Applicant provide any services that may affect a MANUFACTURING or PROCESSING production line? | Yes  No |

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|  | If Yes, describe the Applicants services related to MANUFACTURING or PROCESSING production lines: |  |

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| Does the Applicant provide services related to CRITICAL SAFETY ELEMENTS FOR RAIL (signals, etc.)? | Yes  No |

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|  | If Yes, describe the CRITICAL SAFETY ELEMENTS FOR RAIL: |  |

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| If the applicant has revenues for the services “Construction Management” or Project Management”, does the Applicant manage a contract that is in excess of $50 million in value? | | | Yes  No |
|  | If Yes, describe all contracts in excess of $50 million in value in detail: |  | |

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| Does the Applicant(s) provide any services emanating from WASTE TO ENERGY? | Yes  No |

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| Is the Applicant(s) a ROOFING INSPECTOR or STAND-ALONE ROOF DESIGNER as such? | Yes  No |

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| Does the Applicant perform any work related to BRIDGES, TUNNELS OR DAMS? | | Yes  No |

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| **SUB-CONTRACTED CONSULTANTS** |

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| Does the Applicant always ensure that any other consultant that they sub-contract to has professional liability insurance in place before appointing them? | Yes  No  N/A |

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| **WRITTEN CONTRACTS** |

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| What percentage of the Applicant’s work is executed using written contracts? | % |  |

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| **Contract Language** | | |
| Does the Applicant’s contract contain a limitation of liability clause and fully describe the services to be rendered by the Applicant? | | Yes  No |
| **Contract Language - Guarantees** | | |
| Does the Applicant’s contract contain warranties or guarantees that could exceed fees charged for the work performed by the Applicant? | | Yes  No |
| **Project managers / Construction Management** | | |
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| Does the Applicant or any related company perform any hands-on trades work or sub-contract out any hands-on trade work, or act as a General Contractor? | | Yes  No |
| Does the Applicant require proof of liability insurance with a minimum limit of $2MM from all sub-contractors? | | Yes  No  N/A |
| **Building Envelope Services – Multi Unit Residential** | | |
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| Does the Applicant provide building envelope services on multi-unit residential projects? (ie. condominiums, townhomes, etc.) | | Yes  No |
| **Environmental Physical Work Exposure** | | |
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| Does the Applicant provide / conduct any Phase 3 environmental remedial investigation, design, or feasibility studies? | | Yes  No |
| Does the Applicant (or related company) perform any physical work related to decommissioning, remediation, cleanup, removal, containment, detoxification, transport, storage, disposal or neutralization of polluted or contaminated properties and products? | | Yes  No |
|  | If Yes, describe in detail all the physical environmental works performed by the Applicant: |  |
| **Asbestos Sampling of Investigation / Testing** | | |
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| Does the Applicant perform any asbestos sampling or investigation / testing? | | Yes  No |
|  | If Yes, describe in detail the Asbestos work performed by the Applicant: |  |
| **Design Build Services** | | |
| What is the total annual construction values for all projects combined for the PAST 12 months? | |  |
| What is the total annual anticipated construction values for all projects combined in the NEXT 12 months ? | |  |
| Does the Applicant perform in house design work related to their own construction projects? | | Yes  No |
|  | If Yes, what type of design work do they perform in house? | Commercial Buildings  Heavy Industrial Projects  Infrastructure / Civil Projects  Residential / Home Projects  Special Industries – E.G. O&G, Mining, Aviation  Other |
| Does the Applicant perform design work for construction projects they will NOT build? | | Yes  No |
|  | What is the total annual fee revenue for design work where the Applicant does NOT build it? | $ |
|  | If Yes, Describe what type of design work the Applicant conducts: | Commercial Buildings  Heavy Industrial Projects  Infrastructure / Civil Projects  Residential / Home Projects  Special Industries – E.G. O&G, Mining, Aviation  Other |
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| Does the Applicant sub-contract out design work ? | | Yes  No |
|  | If Yes, what percentage of the design work is sub-contracted out? | % |
|  | If Yes, describe what design work is sub-contracted out: |  |

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| --- |
| **COVERAGES** |

|  |  |  |  |  |
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| Errors and Omissions: | $250,000 / $250,000 (Agg.) | $250,000 / $500,000 (Agg.) | |  |
|  | $500,000 / $500,000 (Agg.) | $500,000 / $1,000,000 (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.) |  | |  |
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| 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 |

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| Commercial General Liability: | $0 / Not Required | $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 |  | |  |
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| OPTIONAL – Miscellaneous Articles Floater: | $ |  |

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| OPTIONAL – Tool Floater: | $ |  |

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| OPTIONAL – Installation Floater: | $ |  |

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| **OPTIONAL PROPERTY (on premises) COVERAGE** |

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| Does the Applicant require property coverage? | Yes  No |

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| **NOTE:** If building coverage is required, see Building Ownership product in JET for separate policy. |

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| *If you indicated “yes” to the question above, please complete the following questions:* |

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| NOTICE: The Applicant may request coverage on a COED basis (one combined single limit for Business Personal Property, tenants improvements and Stock / Inventory) OR Separate limits for Business Personal Property and Stock / Inventory (and a slightly lower rate) |

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| COED – Contents of Every Description (combined single limit of Business Personal property (including tenants improvements) and Stock / Inventory? | $ |  |

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| Business Personal Property (contents, equipment, EDP, tenants improvements) excluding Stock / Inventory: | $ |  |

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| Stock / Inventory: | $ |  |

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| Does the Applicant request coverage for Flood? | Yes  No |

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| Does the Applicant request coverage for Earthquake | Yes  No |

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| Does the Applicant request coverage for Sewer Backup | Yes  No |

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| Is Business Interruption coverage (ALS) requested? | Yes  No |

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|  | Business Interruption – ALS Limit Required: | $ |  |

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| **OPTIONAL CRIME** | | |
| Dishonesty, Destruction, Disappearance and Forgery Limit Requested: | Not Required | $5,000 |
|  | $10,000 | $25,000 |

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| **OPTIONAL EQUIPMENT BREAKDOWN COVERAGE** | |
| Does the Applicant require Equipment Breakdown Coverage? | Yes  No |

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| **OPTIONAL CONTRACTOR’S EQUIPMENT** | |
| Does the Applicant require to schedule Contractor’s Equipment? | Yes  No |

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| *If you indicated “yes” to Contractor’s Equipment, complete the details below:* |

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| **Contractor Equipment Details 1:** |  |  |

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|  | Year: |  | Make/ Model: |  | Serial #: |  | Limit: | $ |

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| **Type:** |  |  |  |  |  |  |  |  |

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| Backhoe | Bobcat | Boom lift | Bulldozer | Compactor |
| Compressor | Concrete Mixer | Crane | Driller | Electric Hammer |
| Excavator | Forklift | Fresh Air Mask | Front loader | Generator |
| Grader | Grinder | Gutter Machine | Mini Spider Crane | Nailer |
| Paving equipment | Plasma Cutter | Power Washer | Sand Blaster | Sander |
| Saw | Scissor Lift | Skid Steer | Spider Crane | Spray Foam Gun |
| Spray Foam Hose | Spray Foam Machine | Spreader | Snow Removal Equipment | Telehandler |
| Threading Machine | Vacuum | Water Jet Cutter | Water Pump | Water Cutter |
| Welder | Wheel Loader | Woodchipper | Other – Mobile Equipment excluding Cranes |  |

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| **Contractor Equipment Details 2:** |  |  |

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|  | Year: |  | Make/ Model: |  | Serial #: |  | Limit: | $ |

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| **Type:** |  |  |  |  |  |  |  |  |

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| Backhoe | Bobcat | Boom lift | Bulldozer | Compactor |
| Compressor | Concrete Mixer | Crane | Driller | Electric Hammer |
| Excavator | Forklift | Fresh Air Mask | Front loader | Generator |
| Grader | Grinder | Gutter Machine | Mini Spider Crane | Nailer |
| Paving equipment | Plasma Cutter | Power Washer | Sand Blaster | Sander |
| Saw | Scissor Lift | Skid Steer | Spider Crane | Spray Foam Gun |
| Spray Foam Hose | Spray Foam Machine | Spreader | Snow Removal Equipment | Telehandler |
| Threading Machine | Vacuum | Water Jet Cutter | Water Pump | Water Cutter |
| Welder | Wheel Loader | Woodchipper | Other – Mobile Equipment excluding Cranes |  |

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| **Contractor Equipment Details 3:** |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year: |  | Make/ Model: |  | Serial #: |  | Limit: | $ |

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| **Type:** |  |  |  |  |  |  |  |  |

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| Backhoe | Bobcat | Boom lift | Bulldozer | Compactor |
| Compressor | Concrete Mixer | Crane | Driller | Electric Hammer |
| Excavator | Forklift | Fresh Air Mask | Front loader | Generator |
| Grader | Grinder | Gutter Machine | Mini Spider Crane | Nailer |
| Paving equipment | Plasma Cutter | Power Washer | Sand Blaster | Sander |
| Saw | Scissor Lift | Skid Steer | Spider Crane | Spray Foam Gun |
| Spray Foam Hose | Spray Foam Machine | Spreader | Snow Removal Equipment | Telehandler |
| Threading Machine | Vacuum | Water Jet Cutter | Water Pump | Water Cutter |
| Welder | Wheel Loader | Woodchipper | Other – Mobile Equipment excluding Cranes |  |

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| **OPTIONAL PROPERTY COVERAGE CONTINUED** |

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| **BUILDING DETAILS** |

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| Year built: |  |  |

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| Building Construction: | Fire Resistive | Frame | |
|  | Non-Combustible | Other: |  |

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| Age of roof (YYYY): |  |  |

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| **HEATING** |

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| Primary Heating Type for building: | Baseboard Electric | Radiant Ceiling Heat Panels - Electric |  |
|  | Boiler – In floor Radiant heat | Stoves (wood heat, pellet) |  |
|  | Boiler – water baseboard | Wall Furnace / Wall Heater |  |
|  | Fireplace Inserts | Wood heat appliance |  |
|  | Forced Air Furnace | Building is not heated |  |
|  | Heat Pump | Roof top HVAC system |  |
|  | Plug-in space heaters | Combination – Forced Air Furnace with add on Wood burning unit |  |

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| Year of heating upgrade: |  |  |

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| **PLUMBING** |

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| Type of plumbing: | Copper, PEX, PVC, ABS | Cast Iron |  |
|  | Polybutylene | Building does not have plumbing |  |
|  | Galvanized Steel | Mixed – more than one of the above types of plumbing |  |
|  | Kitec |  |  |
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| Year of plumbing upgrade: |  |  |

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| **ELECTRICAL** |

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| Electrical type: | Circuit Breakers | Fuses | |  |
|  | Mixed – more than one of the above types | | |  |
|  | | | | |
| Electrical – Amps: | 60 amps | 200 amps | |  |
|  | 80 amps | 400 amps | |  |
|  | 100 amps | Greater than 400 amps | |  |
|  | | | | |
| Wiring type: | Aluminum | Knob + Tube | |  |
|  | Copper | Mixed – Aluminum, Copper, and/or Knob + Tube | |  |
|  | | | | |
| If wiring type is Aluminum or Mixed: | | |  |  |
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| --- | --- | --- | --- |
|  | What percentage is aluminum? | % |  |

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|  | Has the electrical wiring been inspected and approved by a licensed electrician? | | | Yes  No |
| Year of electrical upgrade: | |  |  | |

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| **SOLID FUEL HEAT** |

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| Does the building have a solid fuel head device (other than a traditional fireplace)? | Yes  No |

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|  | Was the solid fuel heat device professionally installed? | Yes  No |

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|  | Is there a passed WETT inspection on file? | Yes  No |

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|  | 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 |

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| 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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| **PROTECTION** |

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| Centrally monitored alarm: | Yes  No |
| Sprinklered: | Yes  No |

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| **FIRE PROTECTION** |

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| Distance to fire hydrant: | Within 300m  Over 300m |
| Distance to responding firehall: | Within 8kms  Over 8kms |

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| --- | --- | --- |
|  | | |
| Type of responding firehall: | 100% paid (career firefighters) | 100% volunteer (non-career firefighters) |
|  | | |
|  | Combination of paid + volunteer (career + non-career firefighters) | |
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| **FLOOD EXPOSURE** |

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| 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** |

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| 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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| **ISSUANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **POLICY TERM INFORMATION** | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | |
| Proposed Effective Date (MM/DD/YYYY): | | | | | | | | |  | | | |  | | | | | | | |
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| **APPLICANT INFORMATION** | | | | | | | | |  | | | |  | | | | | | | |
|  | | | | | | | | |  | | | |  | | | | | | | |
| Mailing address: | | | |  | | | | | | | | | | | | | City: | |  | |
|  | | | | |  | | | | | | | | | | | |  | |  | |
| Province: | |  | | | | | Postcode/ ZIP Code: | | | |  | | | | | |  | | | |
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| **ADDITIONAL INSUREDS** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | |  | | | | |
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| Address: | | |  | | | | | | | | | | | | | | | City: | |  |
|  | | | | | |  | | | | | | | | | | | |  | |  |
| Province: | | |  | | | | | Postcode/ ZIP Code: | | | |  | | | | | |  | | |
|  | | |  | | | | |  | | | |  | | | | | |  | | |
| What is the relation between the Applicant and the additional insured entity? | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | Customer of Insured | | | | | | | | | Landlord | | | | | Lead Contractor or Project Manager | | | | | |
|  | Lessor / Finance Company | | | | | | | | | Joint Venture | | | | | Subsidiary (100% wholly owned by Applicant) | | | | | |
|  | Subsidiary (not wholly owned by Applicant) | | | | | | | | | | | | | | Government body/regulator/association | | | | | |

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|  | Other: |  |

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| Name: |  | | | | | | |  | | |
|  |  | | | | | | | | | |
| Address: |  | | | | | | | | City: |  |
|  | | |  | | | | | |  |  |
| Province: | |  | | Postcode/ ZIP Code: | |  | | |  | |
|  |  | | |  | |  | | |  | |
| What is the relation between the Applicant and the additional insured entity? | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | Customer of Insured | | | Landlord | | Lead Contractor or Project Manager | | | |
|  | | Lessor / Finance Company | | | Joint Venture | | Subsidiary (100% wholly owned by Applicant) | | | |
|  | | Subsidiary (not wholly owned by Applicant) | | | | | Government body/regulator/association | | | |

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|  | Other: |  |

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| **WAIVER OF SUBROGRATION** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does the Applicant require a Waiver of Subrogation in favour of any entities? | | | | | | | | | | | | Yes  No |
|  | | | | | | | | | | | |  |
| If yes, answer the following details: | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
| Name: | |  | | | | | |  | | | | |
|  | |  | | | | | | | | | |  |
| Address: | |  | | | | | | | City: |  | | |
|  | | |  | | | | | |  |  | | |
| Province: | |  | | Postcode/ ZIP Code: | |  | | |  | | | |
|  | |  | |  | |  | | |  | | | |
| What is the relation between the Applicant and the entities requesting Waiver of Subrogation? | | | | | | | | | | |  | |
|  | | | | | | | | | | |  | |
|  | Customer of Insured | | | | Landlord | | Lead Contractor or Project Manager | | | | | |
|  | Lessor / Finance Company | | | | Joint Venture | | Subsidiary (100% wholly owned by Applicant) | | | | | |
|  | Subsidiary (not wholly owned by Applicant) | | | | | | Government body/regulator/association | | | | | |

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|  | Other: |  |

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| Does the Applicant wish to add another entity for Waiver of Subrogation? | | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | |  | |
| If yes, answer the following details: | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |  | |
|  | Name: | |  | | | | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | Address: | |  | | | | | | | | | | | City: | |  | | |
|  | | | | |  | | | | | | |  | | |  | | | |
|  | Province: | |  | | | | Postcode/ ZIP Code: | | |  | | | |  | | | | |
|  | | | |  | |  | | |  | | |  | | | | | | |
| What is the relation between the Applicant and the entities requesting Waiver of Subrogation? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | Customer of Insured | | | | | | Landlord | | | Lead Contractor or Project Manager | | | | | | | |
|  | | Lessor / Finance Company | | | | | | Joint Venture | | | Subsidiary (100% wholly owned by Applicant) | | | | | | | |
|  | | Subsidiary (not wholly owned by Applicant) | | | | | | | | | Government body/regulator/association | | | | | | | |

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|  | Other: |  |

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| **LOSS PAYABLES INFORMATION** | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | |
| List in order ALL mortgagees, loss payees, additional interests, and other interested parties (name and address): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Full Name or Legal Entity 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 | | | | |
|  | | | | | | | | | |  | | | | |

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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:** |  |

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