



# When completing this Application Form

- Please answer all questions giving full and complete answers. It is the duty of the applicant to provide all information that is requested in the application form and any additional material facts.
- A material fact is such known fact and/or circumstance that may influence the evaluation of the risk by the Insurer and may influence the acceptance of this application for insurance.
- If you have any doubts about what a material fact is, please do not hesitate to contact your Broker. If you fail to disclose a material fact, it may affect how claims are settled under the policy or it may render the policy invalid.
- The application form must be completed, signed, and dated by a person who must be of legal capacity and authorised.

USINESS DETAILS		
1. Please complete the follo	wing details	
Company Name:		
Principal Address:		
Website address:		Date of incorporation:
Number of employees:		
USINESS ACTIVITI	ES	
Please describe the prod	ucts and services your business pro	ovides:
NNUAL REVENUE (	CAD)	
<ul> <li>Please state your total re</li> </ul>	venue in respect of the following y	ears:
	Last complete financial year	Current financial year (estimate)
Canadian revenue:	\$	\$
USA revenue:	\$	\$
Rest of World revenue:	\$	\$



## REVENUE BREAKDOWN

		9
		0,
		%
		9,
		/
Are you involved in any installation, sale, or supp	process of manufacture, construction, alteration, repair, oly of products?	Yes N
If 'yes', please provide fu	urther details.	
NTPACTS IINDEI	OT A K E N	
NTRACTS UNDEI	RTAKEN	
	RTAKEN e three largest contracts undertaken in the past 3 years.	
		Your revenue:
Please give details of th	e three largest contracts undertaken in the past 3 years.	
Please give details of th	e three largest contracts undertaken in the past 3 years.	Your revenue:
Please give details of th	e three largest contracts undertaken in the past 3 years.  Services provided:	
Please give details of th	e three largest contracts undertaken in the past 3 years.  Services provided:	\$\$
Please give details of th	e three largest contracts undertaken in the past 3 years.  Services provided:	\$
Please give details of th	e three largest contracts undertaken in the past 3 years.  Services provided:	\$\$\$\$
Please give details of the Client Name:  Do you always require a	e three largest contracts undertaken in the past 3 years.  Services provided:  written contract for all work performed?	\$\$\$\$
Please give details of th	e three largest contracts undertaken in the past 3 years.  Services provided:  written contract for all work performed?	\$\$\$\$
Client Name:  Do you always require a	e three largest contracts undertaken in the past 3 years.  Services provided:  written contract for all work performed?	\$\$\$\$
Please give details of the Client Name:  Do you always require a	e three largest contracts undertaken in the past 3 years.  Services provided:  written contract for all work performed?	\$\$\$\$



8. Do you employ independ	dent sub-contractors or	sub-consultants?		Yes No
If 'yes', please state:				
a. The percentage of	revenue paid to sub-co	ntractors in the last financial y	/ear?	%
<b>b.</b> Are sub-contractors	required to carry their ov	vn E&O and general liability insu	ırance?	Yes No
<b>c.</b> If 'yes', what is the r	minimum limit of liability	y sub-contractors must carry?	\$	
CLAIMS AND INSUR	ANCE HISTORY	,		
claims, complaints or inc and/or do you have k	idents which may be co nowledge of any fact	ned, or is there currently pend overed under the proposed in t, circumstance, situation, ev ss under the proposed insurar	surance vent, or	Yes No
similar insurance as the i cancelled or non-renewe	During the last 5 years, has any insurance policy providing materially the same or similar insurance as the insurance being applied for under this application been cancelled or non-renewed at the decision of the insurer?  Yes No  If you answered 'yes' above, please provide further details.			
CURRENT INSURAN	CE			
11. Please provide details of	your current insurance	cover:		
	Retroactive date:	Limit of liability:	Deduct	ible:
Professional Liability:		\$	\$	
General Liability:		\$	\$	



### **DECLARATION**

I/We declare that the answers to the questions in this proposal form are true and accurate having consulted with all partners or directors and other persons involved in the management of the applicant firm.

This application must be signed by a corporate officer with authority to sign on the applicant's behalf.

I/we understand that the information provided will be used in deciding whether the insurer will accept the application, the terms of any policy provided, and the price charged by the insurer for the risk.

application, the terms of any policy provided, and the p	cation, the terms of any policy provided, and the price charged by the insurer for the risk.		
Signed:	Title:		
Name:	Date:		
ADDITIONAL INFORMATION			
Please provide any additional information which would additional material facts not captured above.	d be relevant to the insurance being purchased or any		

## **Shore Underwriting**

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