

Small-Medium Enterprise Application

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage may be provided on a claims-made basis.

Named Insured: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Contact: _____ Email: _____ Phone: _____

Section 1: About Your Organization

1. What year was your organization established: _____
2. Is your organization incorporated? Yes No
3. Do you expect a material change in your operations in the next 12 months? If Yes, please provide details. * Yes No
4. Have you operated under another name? If Yes, please provide details. * Yes No
5. Have you acquired any subsidiaries in the past 5 years? If Yes, please provide details. * Yes No
6. Have you filed for bankruptcy in the past 10 years? If Yes, please provide details. * Yes No
7. Please list any additional locations not noted above:

Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____

8. Please list any of your subsidiaries or related entities that are controlled by or control your organization:

Entity Name	Description of Operations	Relationship to Named Insured

9. Please describe all of your operations: _____

Section 2: Revenues

1. Please indicate your gross revenue by the following breakdown:

	Revenue: Previous 12 Months			Forecasted Revenue: Next 12 Months		
	Canada	U.S.A.	Rest of World	Canada	U.S.A.	Rest of World
Consulting for a Fee						
Food & Beverage Sales						
Installation and/or Repair Services						
Professional Services						
Retail Sales / Direct Sales to Consumer						
Other:						

2. Please indicate the countries outside of Canada and the United States of America where you have sales/revenues: _____

*Please provide further details in the space provided under the Additional Information Section.

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Section 3: Premises

1. Do you have any personal property of others in your care, custody or control? If Yes, please provide details.* Yes No
2. Do you provide any delivery services? Yes No
3. Do you serve alcohol? Yes No
4. Do you have a deep fat fryer or grill on premises? Yes No

Section 4: Staffing

1. Please indicate your total annual payroll:

2. Please indicate the number of professionals on staff and their professions:

#	Professional Description				

3. Do you assume liability for the individuals noted in 2. above through their employment contract? Yes No
4. Do you conduct employment reference checks on all employees? Yes No
5. Do you conduct criminal background checks on all employees? Yes No
6. Are all your employees covered by Provincial Workers' Compensation Plans? Yes No
7. Do you provide written warnings to employees to create a record of performance issues? Yes No
8. Do you consult a lawyer prior to dismissing any employee? Yes No
9. Do you have a current copy of the Employment Standards Act accessible for staff? Yes No

Section 5: Your Products

1. Please list your 10 top-selling products by approximate percentage (%) of gross revenue:

%	Your Product				

2. Do you intend to bring any new product(s) to market in the next 12 months? If Yes, please provide details.* Yes No
3. Can any of your products or services be used in or in connection with automotive, aircraft, aerospace, military and/or watercraft? If Yes, please provide details.* Yes No
4. Are all contracts reviewed by Legal or your legal representative? Yes No
5. Do you review all policies and procedures on a regular and ongoing basis? Yes No

Section 6: Claims History

1. Have you ever had a claim against your organisation's insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of allegation.* Yes No
2. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.* Yes No

Section 7: Prior Insurance

1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes No

2. Please provide details of your expiring insurance policy:

Coverage	Insurer	Limit	Aggregate	Deductible	Retroactive Date	Premium
General Liability						
Errors & Omissions						

Section 8: Requested Insurance Coverage

1. Please indicate the coverage limit, aggregate, retroactive date, and deductible you are requesting:

Coverage	Limit	Aggregate	Deductible	Retroactive Date
General Liability				
Errors & Omissions				

*Please provide further details in the space provided under the Additional Information Section.

Section 1: Location Details

1. Please provide the following information for all of your locations:

#	Address	City	Prov.	PO Code	Building Value	Tenant Improvements	Contents	Equipment	Business Interruption	Rental Income
1										
2										
3										
4										
5										

#	Exterior Walls	Roof	Floor	Year Built	Sq Ft	# of Stories	% Sprinklered	Monitored Alarm	Fire Hydrant within 500ft	Fire Hall within 5kms	Fire Hall FT/ Volunteer?	Pressure Vessel >24in diameter
1												
2												
3												
4												
5												
*	Please specify if others have been selected	Please specify if others have been selected	Please specify if others have been selected									

#	If older than 25 years, please provide year and type of upgrade	Wiring		Plumbing		Heating		Roof	
		Year	Type	Year	Type	Year	Type	Year	Type
1									
2									
3									
4									
5									

* Please provide further details in the space provided under the Additional Information Section.

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Section 2: Crime Coverage

3. Please provide the number of employees that have access to cash, cheques, and/or securities as part of their employment:

- | | | | | |
|--|-----|-----------------------|----|-----------------------|
| 4. Do you require countersignatures on all cheques? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| 5. Are all cheques pre-numbered, accounted for and kept locked up? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| 6. Are all bank accounts reconciled by someone who is not authorized to deposit or withdraw funds? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| 7. Do you have an outside agent conduct an annual audit? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| 8. What is the maximum amount of cash on the premises? | | | | |
| 9. Do you have a safe? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| 10. If Yes to 7., is it a Class 1 safe (which is made of iron/steel and has a combination lock)? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| 11. If Yes to 7., is it a Class 2 safe (TL-15 UL label on the frame or door of the safe)? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| 12. If Yes to 7., is the safe bolted to the ground? | Yes | <input type="radio"/> | No | <input type="radio"/> |

Section 3: Claims History

- | | | | | |
|--|-----|-----------------------|----|-----------------------|
| 13. Have you ever had a claim against your organisation's insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of the loss.* | Yes | <input type="radio"/> | No | <input type="radio"/> |
| 14. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.* | Yes | <input type="radio"/> | No | <input type="radio"/> |

Section 4: Prior Insurance

- | | | | | |
|---|-----|-----------------------|----|-----------------------|
| 15. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| 16. Please provide details of your expiring insurance policy: | Yes | <input type="radio"/> | No | <input type="radio"/> |

Coverage	Insurer	Limit	Deductible	Premium
Property				
Equipment Breakdown				
Crime				

Section 5: Requested Insurance Coverage

17. Please indicated what coverage limit and deductible are requested:

Coverage	Limit	Deductible
Property		
Equipment Breakdown		
Crime		

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

*Please provide further details in the space provided under the Additional Information Section.