

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. Have your operations changed from what was reported previously? If Yes, please provide details. * Yes ☐ No ☐
 2. Do you expect a material change in your operations in the next 12 months? If Yes, please provide details. * Yes ☐ No ☐
 3. Have your best practices or risk management protocols changed? If Yes, please provide details. * Yes ☐ No ☐

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						
Wholesale/Distribution of Third Party's Products						
Other:						

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

Section 3: Staffing

1. Please indicate your annual payroll:

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

#	Professional Description				

Section 4: Your Products

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

%	Your Product				

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.

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date

Additional Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

[illegible]

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