Non-Profits Renewal Application

SIGNAL UNDERWRITING

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(s) may be provided on a claims-made basis.

Named Insured: _____

Street Address: _____

Website: _____

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 ☐
4. Please provide the number of employees:

Section 2: Financial Information

1. Please provide the following financial details or provide your latest consolidated audited annual financial statements:

	Current Year	Prior Year
Current Assets	$	$
Inventory	$	$
Current Liabilities	$	$
Long-Term Debt	$	$
Equity	$	$
Revenues	$	$
Net Income (Net Loss)	$	$

Declarations

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 British Columbia residents: SIGNAL Underwriting Inc. operates as SIGNAL Underwriting Services in British Columbia.

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

Signature

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:

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