

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205
New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

APPLICATION FOR COMMERCIAL LEGAL EXPENSE INSURANCE

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Broker: _____ Contact: _____
Address: _____
Phone: _____ Fax _____ Email: _____
2. Full name of Applicant: (Please list separately all subsidiaries to be covered) _____

3. Full address of Applicant: _____
_____ Phone: _____
Website: _____ Email: _____
4. Business and/or Professional Activities of Applicant: _____

5. Gross sales and/or receipts for the last 12 months: _____ to _____ \$ _____
6. Gross sales and/or receipts estimated for the current year: _____ to _____ \$ _____

Please Note: This insurance will not cover you against all legal expenses. Nor will it cover you against claims arising out of events or contracts which predate the first period of insurance, or employment claims made during the first 90 days of the first period of insurance. A 10% co-insurance will apply to all claims where the legal expenses exceed \$10,000. Under contract disputes the amount in dispute must be in excess of \$5,000 before coverage applies.

DECLARATION

In respect of the Business and/or Professional Activities of the Applicant, please tick the appropriate box:

- A. Has the Applicant been involved with any disputes or any legal proceedings (litigation) during the last five years. Yes No
- B. After full enquiry, is there any cause, event or circumstance which to my/our knowledge and belief may give rise to a claim being made under this insurance. Yes No

If you have ticked the "Yes" box to any question above, please provide full details under **Additional Information**, including the names of persons involved, the status of the dispute, legal proceedings, cause, event or circumstance (open or closed) and the outcome of any matter with details of all related costs and expenses.



I/We warrant that the above statements are true to the best of my/our knowledge and belief and the Insurer will be informed of any material alterations. If such statements and particulars are written by any other person such person shall be deemed to have been my/our agent for filling in same. I/We hereby agree that this declaration shall form, subject to my/our acceptance of the quotation, the basis of the contract between me/us and the Insurer and I am/we are willing to accept a policy subject to the terms, conditions, limitations and exclusions prescribed by the Insurer therein.

Signature: _____

Name: _____

Position: _____

Date: _____

PLEASE NOTE:

- 1. All the answers must be given to the best of your knowledge and belief. If you are unsure how to answer a specific question please indicate this in the **Additional Information**, below, forming part of this Application
- 2. All material facts must be disclosed and failure to do so may lead to the policy issued becoming null and void. **NB:** A material fact is one that is likely to influence acceptance or assessment of this Application by the Insurer. If you are in any doubt as to what constitutes a material fact you should consult your broker.
- 3. All terms, conditions and exclusions are as per the Insurer's standard policy wording which is available for you to inspect upon request.
- 4. You are advised to keep a copy of this Application and all other information supplied to the Insurer for the purpose of obtaining this insurance.

Additional Information (please use a separate sheet if there is not sufficient space): _____
