

SPECIAL CONTINGENCY K&R INSURANCE APPLICATION – CORPORATE

PLEASE ANSWER ALL QUESTIONS USING BLOCK CAPITALS WHERE APPROPRIATE, CONTINUING ON THE BACK PAGE OR A SEPARATE SHEET IF NECESSARY.

Name of Company:

Head Office Address:

City: Province: Postal Code:

Business Website Address:

Nature of Business:

Number of Directors, Officers & Employees:

Currency: CDN US

Total Sales:

Net Assets:

Please list the locations of all overseas operations, including nature of operation and the approximate number of employees per each location:

Do any members of staff travel outside Europe, Canada & the USA? (If yes, please give details, including locations, durations, purpose of travel and special security measures that are taken in high risk locations). Please attach a separate report if necessary.

Have there been any incidents which would have given rise to a claim under the policy? (If yes, please give details)

Limit(s) of liabilities requested:

1. 2. 3.

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete. Signing this form does not bind the applicant(s) to complete the insurance but it is agreed that this form will be the basis of the contract should a policy be issued.

Signature: _____

Date: _____

Print Name & Title: _____