



LIONS GATE UNDERWRITING

RENEWAL APPLICATION

MANUFACTURING AND WHOLESALE GENERAL LIABILITY

1. Please provide the following details (Including all trading names and subsidiaries):

Name:

Policy Number:

Expiry Date:

2. Please inform us of any significant changes to your business that have occurred in the last 12 months:

3. Please complete the following:

| | Gross Revenue for the past 12 months | | Estimated next 12 months | |
|-----------|--------------------------------------|-------------------------------|--------------------------|-------------------------------|
| | Product Sales | Installation / Repair Service | Product Sales | Installation / Repair Service |
| Canada: | \$ | \$ | \$ | \$ |
| USA: | \$ | \$ | \$ | \$ |
| Other***: | \$ | \$ | \$ | \$ |
| Total: | \$ | \$ | \$ | \$ |

***Please list specific countries:

Current Number of Employees:

Full Time:

Part Time:

Does the applicant subcontract work to others?

Yes

No

If 'yes', what is the percentage of the work subcontracted and please provide details of service:

Any installation work carried out in the USA?

Yes

No

4. Are you aware of any claims, loss, damage or circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof?

Yes No

If "Yes", please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstances and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

DECLARATION

On behalf of the Applicant/s, I/we declare that, after full enquiry, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

Signature of Principal / Director / Partner: _____ Date: _____