|  |
| --- |
| **COSMETOLOGY AND SPAS (OCCURRENCE – HYBRID)** –Application for Insurance |

This Cosmetology Product is available for most services on an Occurrence Basis – However, if the current policy is on a Claims Made form, if that is the case please see Cosmetology and Spa (Claims Made) product to obtain a quote.

**Instead of completing this application form, consider trying** [***JET***](http://www.forwardinsurance.ca)**, our self-serve platform.**

[***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

|  |  |
| --- | --- |
| **APPLICANT INFORMATION** | |
|  | |
| Applicant’s email address:  (Required for e-signature) |  |
|  |  |
| Applicant Name (legal name): |  |
|  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risk location address: | | |  | City: | |  | | |
|  | |  | |  |  | | | |
| Province: | | |  | Postal code/ ZIP code: | | |  | |
|  |  | | |  | | |  | |
| Year Established: |  | | |  | | |  | |
|  |  | | |  | | |  | |
| How many years of experience does the Applicant have (including all employment and practicum while at school)? | | | | | | | |  |
|  |  | | |  | | |  | |
| **RISK INFORMATION** | | | | | | | | |
|  |  | | |  | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does the applicant carry all licenses and permits required by law? | | | | | | | | | | | | | | | | | | | | Yes  No |
| Does the applicant follow all health authority rules and regulations? | | | | | | | | | | | | | | | | | | | | Yes  No |
| Does the applicant ensure all technicians have training in the services provided? | | | | | | | | | | | | | | | | | | | | Yes  No |
| In the last 5 years, has the applicant been subject to any allegations of misconduct or professional negligence? | | | | | | | | | | | | | | | | | | | | Yes\*  No |
|  | | \*If yes, details: | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
| **OPERATIONS** | | | | | | | | | | | | | | | | | | | | |
| What are the anticipated total gross revenues for the next 12 months? | | | | | | | | | | | | | $ | | | | | |  | |
|  | | | | | | | | | | | | |  | | | | | | | |
| **Specialty Aesthetic Services** | | | | | | | | | | | | | | | | | | | | |
| Does the applicant provide more than Hair and Nail services? | | | | | | | | | | | | | | | | | | | | Yes\*  No |
|  | \*If yes, does the applicant provide any of the following Aesthetics Services: | | | | | | | | | | | | | | | | | | |  |
|  | | Acid peels with solution concentration levels greater than 30%? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Bioresonance diagnostics and therapy? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Cold-process body contouring (excludes laser and liposuction)? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Micro Blading including Powder brows, Ombre Brows? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Micro needling of any kind - including facials with cream tattoos? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Micropigmentation? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Mole, Skin tags, and wart removal by any means? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Vaginal rejuvenation, penis enlargement and incontinence treatments? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Total Revenues from Specialty Aesthetic Services (%): | | | | | | | | | | | | | | | | | | % |
|  | |  | | | | | | | | | | | | | | | | | |  |
| **Tanning** | | | | | | | | | | | | | | | | | | | |  |
| Does the Applicant have tanning beds or booths (excluding spray tan application)? | | | | | | | | | | | | | | | | | | | | Yes\*  No |
|  | \*If yes, does the applicant provide any of the following services: | | | | | | | | | | | | | | | | | | |  |
|  | | Does the applicant obtain signed /dated consent and waiver forms (guardians on behalf of minors)? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant maintain all client records for a minimum of 7 years? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant ensure eye protection is worn during services (other than spray tanning)? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant follow all manufacturers’ guidelines with respect to operation/maintenance? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Total Revenues from Tanning services (%): | | | | | | | | | | | | | | | | | | % |
| **Laser, IPL, LED or LHE** | | | | | | | | | | | | | | | | | | | | |
| Does the applicant provide cosmetic treatments involving Laser, IPL, LED or LHE? | | | | | | | | | | | | | | | | | | | | Yes\*  No |
|  | \*If yes, does the applicant provide any of the following services: | | | | | | | | | | | | | | | | | | |  |
|  | | Does the applicant obtain signed /dated consent and waiver forms? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant maintain all client records for a minimum of 7 years? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant ensure eye protection is worn during services (other than spray tanning)? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant follow all manufacturers’ guidelines with respect to operation/maintenance? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant obtain pre-service medical history from customers? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant provide aftercare instructions to all customers? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Use commercially rated machines? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Total revenues from Laser, IPL, LED or LHE services (%): | | | | | | | | | | | | | | | | | | % |
| **Cosmetic Injections** | | | | | | | | | | | | | | | | | | | |  |
| Does the Applicant provide Cosmetic Injections? | | | | | | | | | | | | | | | | | | | | Yes\*  No |
|  | | \*If yes, does the applicant provide any of the following services: | | | | | | | | | | | | | | | | | |  |
|  | | Does the applicant obtain signed /dated consent and waiver forms? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant maintain all client records for a minimum of 7 years? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant provide aftercare instructions to all customers (where required)? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant provide only Health Canada approved injections? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant provide weight loss injections? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant obtain written pre-service medical history from the customers? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant ensure medical professionals are licensed/registered in Canada? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Total revenues from Cosmetic Injections (%): | | | | | | | | | | | | | | | | | | % |
| **Vitamin Injections / IV Therapy** | | | | | | | | | | | | | | | | | | | |  |
| Does the Applicant provide Vitamin Injections and/or IV Therapies? | | | | | | | | | | | | | | | | | | | | Yes\*  No |
|  | | \*If yes, does the applicant provide any of the following services: | | | | | | | | | | | | | | | | | |  |
|  | | Does the applicant obtain signed /dated consent and waiver forms? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant maintain all client records for a minimum of 7 years? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant provide aftercare instructions to all customers (where required)? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant provide only Health Canada approved injections? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant provide weight loss injections? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant obtain written pre-service medical history from the customers? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant ensure medical professionals are licensed/registered in Canada? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Total revenues from Vitamin Injections and/or IV Therapies (%): | | | | | | | | | | | | | | | | | | % |
| **Training School** | | | | | | | | | | | | | | | | | | | |  |
| Is the applicant a formal training School? | | | | | | | | | | | | | | | | | | | | Yes\*  No |
|  | | \*If yes, answer the following questions: | | | | | | | | | | | | | | | | | |  |
|  | | Revenues from Cosmetology Training, other than Laser (%): | | | | | | | | | | | | | | | | | | % |
|  | | Percentage of above revenues from Laser, IPL, LED or LHE training (%) | | | | | | | | | | | | | | | | | | % |
|  | | Does the applicant permit students to perform services to the general public? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant ensure students are always supervised during services? | | | | | | | | | | | | | | | | | | Yes  No |
|  | | Does the applicant inform patrons that services are being performed by students/apprentices? | | | | | | | | | | | | | | | | | | Yes  No |
|  | |  | | | | | | | | | | | | | | | | | |  |
| **LOSS HISTORY** | | | | | | | | | | | | | | | | | | | |  |
| Has the applicant had any claims in the last five years? | | | | | | | | | | | | | | | | | | | | Yes\*  No |
|  | | \*If yes, please provide details: | | | | | | | | | | | | | | | | | |  |
|  | | Date of Claim / Loss: | | | | |  | | |  | | | | | | | | | | |
|  | | Cause of loss: | | | | |  | | | | | | | | | | | | | |
|  | | Amount of loss / damage / amounts paid: | | | | | | | | | $ | | | |  | | | | | |
|  | | Details: | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | | | | | | | |
|  | | Date of Claim / Loss: | | | | |  | | |  | | | | | | | | | | |
|  | | Cause of loss: | | | | |  | | | | | | | | | | | | | |
|  | | Amount of loss / damage / amounts paid: | | | | | | | | | $ | | | |  | | | | | |
|  | | Details: | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | | | | | | | |
|  | | Date of Claim / Loss: | | | | |  | | |  | | | | | | | | | | |
|  | | Cause of loss: | | | | |  | | | | | | | | | | | | | |
|  | | Amount of loss / damage / amounts paid: | | | | | | | | | $ | | | |  | | | | | |
|  | | Details: | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | | | | | | | |
| **PRIOR INSURANCE** | | | | | | | | | | | | | | | | | | | |  |
| Does the applicant currently carry Commercial General Liability coverage? | | | | | | | | | | | | | | | | | | | | Yes\*  No |
|  | | \*If yes: | Insurer: | | |  | | | | | Premium: | | | $ | | Policy #: | |  | | |
| Does the Applicant currently carry Professional/Malpractice coverage? | | | | | | | | | | | | | | | | | | | | Yes\*  No |
|  | | \*If yes: | Insurer: | | |  | | | | | Premium: | | | $ | | Policy #: | |  | | |
|  | | | Retroactive Date: | | | | | |  | | | | |  | | | | | |  |
|  | | |  | | | | | |  | | | | |  | | | | | |  |
| Has the applicant ever had insurance cancelled, declined, or refused? | | | | | | | | | | | | | | | | | | | | Yes\*  No |
|  | \*If yes, please describe: | | | | | | | | | | | | | | | | | | | |
|  | | Due to cancellation for non-payment (premium owned has been paid) | | | | | | | | | | | | | | | | | | |
|  | | Due to cancellation for non-payment (premium still owing to insurer) | | | | | | | | | | | | | | | | | | |
|  | | Due to claims record | | | | | | | | | | | | | | | | | | |
|  | | Insurer does not write that type of operation | | | | | | | | | | | | | | | | | | |
|  | | Other, please describe: | | | | | |  | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | | | | |
| **COVERAGES** | | | | | | | | | | | | | | | | | | | | |
| Commercial General Liability | | | | | $1,000,000 | | | | | | | $2,000,000 | | | | | $5,000,000 | | | |
| Tenants Legal Liability | | | | | $500,000 | | | | | | | $1,000,000 | | | | | $2,000,000 | | | |
| Employer’s Liability | | | | | Not required | | | | | | | $1,000,000 | | | | | $2,000,000 | | | |
| Non-owned Automobile | | | | | Not required | | | | | | | $1,000,000 | | | | | $2,000,000 | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Optional Property Coverage** | | | | | | |  | | | | | |  | | | | | |  | | | |
| Does the applicant require property coverage? | | | | | | | | | | | | | | | | | | | | | Yes\*  No | |
|  | \*If yes, answer the following questions: | | | | | | | | | | | | | | | | | | | | | |
|  | | Contents of Every Description (Excluding Laser/IPL Equipment): | | | | | | | | | | | | | | | | | | | $ | |
|  | | Laser / IPL Equipment: | | | | | | | | | | | | | | | | | | | $ | |
|  | | Miscellaneous Articles Floater: | | | | | | | | | | | | | | | | | | | $ | |
|  | | Does the applicant require Business Interruption - Actual Loss Sustained coverage? | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | | Flood Coverage: | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | | Earthquake Coverage: | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | | Sewer Backup Coverage: | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | | Water Damage Deductible: | | | | | | $5,000 | | | $10,000 | | | | $25,000 | | | | | | | |
|  | |  | | | | | |  | | |  | | | |  | | | | | | | |
| **Optional Crime** | | | | | | | | | | | | | | | | | | | | | | |
| Comprehensive Dishonesty, Destruction, Disappearance and Forgery: | | | | | | | | | | | | | | | | | | | | | | |
| Not Required | | | | $5,000 | | | | | | | | | | $10,000 | | | | | | $25,000 | | |
|  | | | |  | | | | | | | | | |  | | | | | |  | | |
| **Optional Equipment Breakdown Coverage** | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant require Equipment breakdown Coverage? | | | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | | | |  | |
| **COPE Details** | | | | | | | | | | | | | | | | | | | | | | |
| \*For coverage relating only to Miscellaneous Articles Floater, please note the COPE details of where the property is primarily stored | | | | | | | | | | | | | | | | | | | | | | |
| Building Construction: | | | | | | | | | | | | | | | | | | | | | | |
| Fire Resistive | | | Frame | | | | | | Non-Combustible | | | | | | | | Other: |  | | | | |
| Year Built: | | |  | | | | | | | Square footage: | | | | | |  | | | | | | |
| Year of latest update to roof: | | | | |  | | | | | | | | | | | Year of latest update to electrical: | | | | | |  |
| Year of latest update to plumbing: | | | | | | | | | |  | | | | | |  | | | | | |  |
| Hydrant within 300 metres? | | | | | | | | | | Yes  No | | | | | |  | | | | | |  |
| Fire Hall within 8kms? | | | | | | | | | | Yes  No | | | | | |  | | | | | |  |
| Sprinklered: | | | | | | | | | | Yes  No | | | | | |  | | | | | |  |
| Centrally monitored alarm: | | | | | | | | | | Yes  No | | | | | |  | | | | | |  |
|  | | | | | | | | | |  | | | | | |  | | | | | |  |
| **ISSUANCE INFO** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | |  | | | | | |  |
| Proposed Effective Date (MM/DD/YYYY): | | | | | |  | | | | | |  | | | | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mailing Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | City: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Province: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Postcode/ZIP Code: | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Does the Applicant require a Waiver of Subrogation in favour of any entities? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| If yes, | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Name | | |  | | | | | | | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
| City: | | | | |  | | | | | | | | | Province: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Postcode/ZIP Code: | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |
| What is the relation between the Applicant and the entities requesting Waiver of Subrogation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Landlord | | | | | | | | Lead Contractor | | | | | | | | | | | | | | | | | | | | Government Body | | | | | | | | | | | | | | | | | | | | | | | Other | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **ADDITIONAL INSUREDS** | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Name | | |  | | | | | | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | |
| City: | | | | |  | | | | | | | | Province: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Postcode/ZIP Code: | | | | | | | | | | | | | |  | | | | |
|  | | | | |  | | | | | | | |  | | | |  | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | | |
| What is the relation between the Applicant and the additional insured entity? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |
|  | | Customer of Insured | | | | | | | Landlord | | | | | | | | | | | | | | | | | | | | | | Government Body | | | | | | | | | | | | | | | | | | | | | Lead Contractor | | | | | | | |
|  | | Lessor/ Finance Company | | | | | | | Subsidiary (100% wholly owned by Applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Joint Venture | | | | | | | |
|  | | Other | | | | | | | Subsidiary (not wholly owned by Applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **LOSS PAYABLES** | | | | | | | | | | |  | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | |
| List in order ALL mortgagees, loss payees, additional interests, and other interested parties (name and address): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name or Legal Entity Name: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Address: | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | |  | | | | | | | | | | | | Province: | | | | | | | | |  | | | | | | | | | | | | | | | | Postcode/ZIP Code: | | | | | | | | | | | | | |  | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| Does applicant currently carry Professional/Malpractice coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | |
|  | Has there been any gap in coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | |
|  | If no, provide retroactive date: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.**  Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant(s):** |  | **Date:** |  |
| **Brokerage:** |  | **Broker ID#:** |  |
| **Broker Email:** |  | **Phone:** |  |
|  |  |  |  |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.**