

Completion of this Form does not constitute a binding confirmation of coverage, but it is agreed that the information given herein shall be the basis of the Contract should a policy be issued.

BROKER: \_\_\_\_\_

NAMED INSURED(S): \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

DESCRIPTION OF PRODUCTS (IF ANY): \_\_\_\_\_

**BUSINESS INSURANCE HISTORY**

Has the business been insured before?  Yes  No

Business related claims history for the last 5 years (please give details): \_\_\_\_\_

Number of Cancellations for Non-Payment in the last 3 years: \_\_\_\_\_

Has any Insurer cancelled, declined or refused to issue or renew your insurance?  Yes  No

If yes, please give detailed reasons: \_\_\_\_\_

**DETAILS OF RISK – GENERAL INFORMATION**

Gross annual revenue from the business? \$ \_\_\_\_\_

Estimated annual gross revenue for next 12 months? \$ \_\_\_\_\_

Maximum Business Property value at any time: \$ \_\_\_\_\_

Number of years this business has been in operation? \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Resident employees: \_\_\_\_\_ Non-Resident employees: \_\_\_\_\_

Is the Insured the sole owner of the business?  Yes  No

Does the Insured operate any other business under the same name?  Yes  No

Does the Insured operate any other business under a different name?  Yes  No

Number of rooms used for business: \_\_\_\_\_

Does the business operate from any additional locations?  Yes  No

Any chemical or combustible material used in connection with the business?  Yes  No

Does the business operation include any alterations, repackaging or relabeling of products?  Yes  No

Does the business import any foreign products?  Yes  No

Are any products sold, or services offered outside Canada?  Yes  No

Any products or services sold over the Internet?  Yes  No

Does this business impact any automobile that Unica currently insures?  Yes  No

**I confirm that all the information provided in regard to the business is accurate and factual:**

Date \_\_\_\_\_ Signature of Named Insured(s) \_\_\_\_\_