

MANAGEMENT SHIELD BUSINESS INSURANCE ADDENDUM

NOTE – In order to be eligible for the Business Insurance, the Insured is required to purchase Management Shield Insurance.

SIGNING OF THIS APPLICATION FORM DOES NOT BIND THE APPLICANT OR THE UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

GENERAL INFORMATION

1. Full Legal Name of Insured Company: _____
2. Mailing Address (if different from your Management Liability):
 Street Address: _____ City: _____ Province: _____ Postal Code: _____
 Telephone No.: () _____ Fax No.: () _____ E-mail Address: _____
3. Please describe your operations:

4. Do you require insurance for your business property? Yes No
 If yes, then please confirm:
 Is the replacement value of your property: No more than \$25,000 Yes No more than \$100,000 Yes
 If more than \$100,000, please state the amount required: \$ _____
5. Is your Annual Revenue: More than \$500,000 Yes No If more than \$500,000, please state the amount \$ _____
6. Do you employ more than 10 staff (including full or part-time)? Yes No If yes, state no.: Full-time: _____ Part-time: _____
7. Are all employees covered under WSIB or similar Workers Compensation Yes No
 If no, then please state:
 Duties / Responsibilities: _____ Annual Payroll
 \$ _____
 \$ _____

LIABILITY INSURANCE

8. Do you manufacture / sell / modify products & supplies? Yes No
 If yes, please describe: _____
9. Do you distribute / supply / administer any medication? Yes No
 If yes, please describe: _____
10. Do you serve alcohol? Yes No

PROPERTY INSURANCE

11. Is the Location to be Insured different from your mailing address? Yes No

If yes, then please confirm: Street Address: _____
 City: _____ Province: _____ Postal Code: _____

12. Do you require cover for additional locations? Yes No

If yes, then please confirm: Street Address: _____
 City: _____ Province: _____ Postal Code: _____

13. Please confirm whether your premises have:

Intruder Alarm Sprinklered Fire Alarms

14. Is the location to be insured occupied as: Office Clinic Other (please describe): _____

15. Are you required to insured the buildings? Yes No

16. Do you serve meals at your premises Yes No

If yes, do you cook the meals on your premises? Yes No

17. Do you require cover for laptops, PDA's or other property away from your premises? Yes No

If yes, please provide details as follows:

Make, Model & Serial No.:	Value of Item
_____	\$ _____
_____	\$ _____

CRIME INSURANCE

18. Do you have any employees that enter patient's / client's homes? Yes No

PRIOR CLAIMS

19. Has your business incurred any Property or Liability or Crime claims in the past 5 years? Yes No

If yes, please provide the following information:

Date of Loss	Description	Amount Paid or Claimed
_____	_____	\$ _____
_____	_____	\$ _____

20. Has the Applicant ever had insurance Cancelled or Non Renewed for any reason? Yes No

If yes, please explain: _____