

Online Retailer Application

**PLEASE ANSWER ALL QUESTIONS
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** _____
 (And all Subsidiaries) _____

2. **Mailing address:** _____

3. **Website (Storefront Link):** _____

4. How long has applicant been in business under the above name?: _____

5. **Description of Business Operations:** _____

6. **Sales and/or Revenue** *(Please provide brochures and sales literature, if available)*

Nature of goods sold or nature of services provided (Please provide breakdown of total sales/revenue by goods or services) ***In Canadian Currency***

| Type of Goods Sold/Nature of Services | Sales/Revenue |
|---------------------------------------|---------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Percentage of U.S. or foreign sales included above and percentage to each country. _____

7. **Buildings or Premises** *(Please list on separate sheet if more space is required):*

All Locations:

- a) _____
- b) _____
- c) _____

8. If owned by applicant, give area occupied by:

YOU: a) _____
 b) _____
 c) _____

OTHERS: a) _____
 b) _____
 c) _____

If rented by applicant, give:

Area Occupied: a) _____
 b) _____
 c) _____

ANNUAL RENT: a) _____
 b) _____
 c) _____

9. Does applicant presently carry insurance?

YES NO

If yes, who is present insurer? _____ Premium: _____ Limit _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

Are they willing to renew? YES NO

If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO

If no, please describe: _____

Desired Coverage ? \$ _____

10. **Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

| Date of Occurrence | Describe Occurrence And Injury or Damage | A M O U N T | | | | Status |
|--------------------|--|-------------|------|----------|------------|--------|
| | | Reserve | Paid | Expenses | Deductible | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, give details: _____

11. Non-Owned Automobile

Number of employees using their automobile on company business: Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details): _____

12. List all countries of origin for your products: _____

13. Please detail any quality control measures for your products: _____

14. Do you manufacture or assemble your own products? Yes No

15. Do you include usage instructions and/or warranty information with your products? Yes No

If no, please explain: _____

16. Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials? Yes No

If yes, please explain: _____

17. Please describe in detail all products currently offered and any future products planned for the next 12 months: _____

18. Please check off any of the following if they are carried:

Aircraft, Missiles
or Aerospace

Classification Items

Cannabis, Tobacco
Related Products

Watercraft,
Marine or Offshore
Transportation

Pharmaceuticals / Over
the counter Drugs

Snow Sports, Horseback
Riding, Racing Related
Products

Motor Vehicle
Products

Cosmetics

Weight Loss / Dietary
Supplements

Latex Gloves

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

| | |
|-------------------|-------|
| BROKERAGE: | _____ |
| | _____ |
| BROKER: | _____ |
| | _____ |
| PHONE #: | _____ |

Email Form

Print Form