



(Please print clearly)

BROKER INFORMATION

Brokerage: _____ Individual: _____ Date: _____
Phone: (_____) _____ Fax: (_____) _____

This is a proposal for a claims made policy

The policy will only respond to claims and/or circumstances, which are first made against the Insured and notified to the Insurer during the policy period. **The policy will not provide cover for:-**

- Events that occurred prior to the retroactive date of the policy (if specified).
- Claims made after the expiry of the policy period even though the activity giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period, which you knew had the potential to give rise to a claim under the policy.

DISCLOSURE

You must disclose to the Insurer all information which is material to it in deciding whether to issue insurance cover to you, including any facts or conduct which might lead to a claim being made against you. Failing to do so could affect your rights to indemnity.

If you do not understand any part of this document, please contact your Broker BEFORE YOU SIGN IT. You will be bound by the answers, which are given, and by the information provided by you in this proposal form. It is in your interest to make sure that all information is correct and properly understood.

When in doubt disclose

ATTACHMENTS

Before you return this form, have you included the following (please indicate by ticking the boxes):

- Standard client contract agreement:
- Company brochure/ additional information:
- Claims information (if applicable):
- I.T network security audit (if applicable):
- Disaster recovery plan:

APPLICATION FORM	
<h1>Esurance™ Proposal Form</h1>	
APRIL CANADA INC. Western Canada 100, 1400 1 ST Street SW, Calgary, Alta T2R 0V8 Tel: (403) 263-4666 Toll Free: 1-888-263-5146 Fax: (403) 237-9976	APRIL CANADA INC. - Ontario 310- 245 Yorkland Blvd. Toronto, Ontario M2J 4W9 Toll Free: 1-888-745-5502 FAX: 416-925-7260

Section 1: Company Details

1.1 Please state the name and address of the principal Company for whom this insurance is required. Also list the subsidiaries for whom you require cover in your answer to question 1.5. Cover is provided for these subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to **all** of the questions in this form. Due to the nature of the risks covered, this insurance only applies to those companies that share the same management controls and I.T. security procedures (see especially sections 3 & 4 of this form).

Insured Company:	
Contact name:	
Address:	
Telephone:	
Email Address:	
Fax:	
Website(s):	

1.2 When was the principal Company established? _____

1.3 i) State the total number of partners/ directors: _____

ii) State the number of employees;

in marketing/ sales/ business development _____

in I.T. / technical _____

all other _____

iii) State the total number of partners/ directors AND employees with direct access to email (including internal email) or the internet. _____

1.4 For the purpose of this question, one 'visit' is a series of page-impressions or 'hits' by a user ending when there is a gap of at least 30 minutes between 2 page impressions by the user).

How many visits do you expect to your website(s) on average per month? _____

1.5 Please state the following for all subsidiaries for whom you require cover.

Name of Subsidiary	Country of Domicile	Principal Activity



DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Protection and Electronic Documents Act (PIPEDA)

(Print Name of proposed insured)

Signature of Insured & Title

Date

Signature of Broker

Date

Witness

Date

NOTE: The signing of this form does not bind the proposer to complete the insurance.