

# i3 CGL RENEWAL APPLICATION

## RENEWAL INFORMATION

1. Name of Insured(s) : \_\_\_\_\_

2. Revenues from Insured's operations (in CDN Dollars):

|                  | CURRENT YEAR | ESTIMATE FOR NEXT YEAR |
|------------------|--------------|------------------------|
| CANADIAN REVENUE |              |                        |
| USA REVENUE      |              |                        |
| FOREIGN REVENUE  |              |                        |

3. Please provide a breakdown of your operations:

\_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

4. Do you have any USA locations, or do any "work" in the USA? Yes No

5. Number of Employees: \_\_\_\_\_ 6. Annual Payroll: \_\_\_\_\_

7. Have there been, or will there be, any changes to your operations/activities? Yes No

a. If yes, please detail any changes to your business activities below or attach details of other changes:

\_\_\_\_\_

8. Are you aware of any claims, loss, damage or circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof? Yes No

a. If yes, please provide details: \_\_\_\_\_

## DECLARATION

I / we declare that after proper enquiry the statements and particulars given above are true and that I / we have not mis-stated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Insured's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_