ODIS Underwriting Inc.

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Cart and Kiosk Vendors (Non-Food) Application



The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.**

1. Broker Information								
Brokerage:	Broker ID:							
Broker Address: Ci	ty:		Province:	P	ostal Co	de:		
Broker Contact:	Brok	er Email:						
2. Applicant Information								
Name Insureds(s):			Principal(s):					
Mailing Address: Cit	ty:	Province: Postal Code:						
Risk Location: Cit	ty:		Province:	Р	ostal Co	de:		
Website:								
Effective Date: Policy Term: [12-Month Term] Other Policies with ODIS:								
Prior Insurance & Expiry Date:	If no prior insurance, please provide reason:							
1. Risk Information								
Fully describe the nature of your business activities (if no website, attach brochure or company literature along with this form):								
Select any of these that apply to the insured's operations:								
Turnover greater than \$500,000			Imports	Imports from China				
Export or sales outside of Canada			Sales to	Sales to the US				
Products which do not meet Government Approval or Guidelines			Any busi	Any business outside the classification				
Number of years in business and experience of insured:								
Does the local authority require the business to be licensed?		Yes	No	No				
Does the insured have a local authority license to operate?		Yes	No	No				
2. Revenue								
Date of financial year end:								
Revenue for last complete financial year: Revenue estimate for current financial year:								
For the upcoming year, do you anticipate any changes to the type of work you will be performing? Yes No						No		
If yes, please provide details:								

3. Insurance Loss & History

Has insurance ever been cancelled or refused for this property? Yes No

If 'yes', please explain:

Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years? Yes No

If 'yes', please provide details in below:

Date of Loss	s Claim Closed?		Type of Loss	Amount Paid	Preventative Measures in Place?
	Yes	No			
	Yes	No			

4. Coverage Information

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Property Coverages	Limits Required	Deductible		
Property Contents				
Equipment				
Stock				
Trailer				
Are the trailer and/or cart plated?	Yes No			
Where are the stock and cart stored?				
Liability Coverages				
Commercial General				
Commercial General Aggregate				
Tenant's Legal Liability				
Employee Benefits Liability				
Medical Expenses Any One Person				
Non-Owned Automobile				
Include SEF94 Endorsement?	Yes No			
Forest Fire Fighting Expense	Yes No			
Any Specific coverages requested?				

5. Additional Comments

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

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

Full Name(s):

Signature(s) of All Named Insureds (only required if binding)

Date: