ODIS Underwriting Inc.

Brokerage:

4-180 Northfield Dr W, Waterloo, ON N2L 0C7

quotes@odisunderwriting.com www.odisunderwriting.com

Community & Cultural Groups Application

1. Broker Information



Broker ID:

11/2023

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.**

Province: Principal(s): Province: Principal(s): Province: Provinc	Broker Address:		City:		I	Province:	Postal Code:				
Name Insured s(s);	Broker Contact:		В	Broker Email:							
Mailing Address: City: Province: Postal Code: Risk Location: City: Province: Postal Code: 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, including website address. (If no website, attach brochure or company literature): Year Company was Established: Number of years of experience: Does the insured provide any advice for a fee with respect to the following: Accounting services Financial advice Visas Medical advice Legal services, including wills Migrant services 2. Additional Information Are there more than 100 volunteers in the organization? Are there any home carers? *If yes', How many? Do you organize/holds events, markets or festivals? *If yes', please answer below questions: Number of attendees: How many days? Is there any sale/supply of liquor? 3. Subcontractors Information Are subcontractors required to submit liability certificates? *If yes', what is the minimum limit your require? Do you enter into formal contract with your subcontractors? *If yes', what is the minimum limit your require? Do you enter into formal contract with your subcontractors? *If yes', do you include a "hold harmless" clause in your favor? (please include a copy of the contract) 4. Revenue (Please state your revenue in respect of the following years, with respect to this property): Revenue Origin Gross Revenue for the last 12 months Camadian revenue: U.S.A revenue: Estimated Gross Revenue for the next 12 months			2. Applican	t Infor	mation						
Risk Location: City: Province: Postal Code: Effective Date: Policy Term: [12-Month Term] Other Policies with ODIS: Prior Insurance & Expiry Date: If no prior insurance, please provide reason: 7. Risk Information Fully describe the nature of your business activities, including website address. (If no website, attach brochure or company literature): Year Company was Established: Number of years of experience: Year Company was Established: Number of years of experience: Ooes the insured provide any advice for a fee with respect to the following: Accounting services Financial advice Visas Medical advice 2. Additional Information Yes Month Miles Are there more than 100 volunteers in the organization? Migrant services Are there any home carers? *If yes', How many? Month Miles Do you organize/holds events, markets or festivals? *If yes', please answer below questions: Number of attendees: How many days? Is there any sale/supply of liquor? 3. Subcontractors Information Are subcontractors required to submit liability certificates? Is there any sale/supply of liquor? 3. Subcontractors required to submit liability certificates? 4if yes', what is the minimum limit you require? 2. Accounting service Subcontractors? Is 4if yes', do you include a "hold harmless" clause in your favor? (please include a copy of the contract) 4. Revenue (Please state your revenue in respect of the following years, with respect to this property): Revenue Origin Gross Revenue for the last 12 months Estimated Gross Revenue for the next 12 months But the financial advice	Name Insureds(s):				ı	Principal(s):					
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Year Company was Established: Number of years of experience:	1. Risk Information	1									
Accounting services Financial advice	Fully describe the na	ture of your business a	ctivities, including webs	ite addı	ress. (If no	website, attac	h brochure or company litera	iture):			
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U.S.A revenue:	Revenue Origin	Gross Revenue for the last 12 months			Est	Estimated Gross Revenue for the next 12 months					
	Canadian revenue:										
Other:	U.S.A revenue:										
	Other:										

Have there been or will there be any changes to your operations/activities? Yes No												
If 'yes', please	detail any	y change	es to your b	usiness activities or a	attach details	s of o	ther c	hanges				
•	ls; private	e roads;	mechanica	•		ties; ı	radioa	ctive m	aterial; ov	craft; private docks or wharfs; vned, leased or chartered, any		
					, , == , 1							
5. Employme	nt Inforr	mation										
Do your emplo	yees use	their pe	ersonal auto	omobile on company	business?		Yes	No	*If yes	*If yes, please provide details below:		
Estimated ann	ual cost o	f hired/	rented auto	mobiles:								
6. Please pro	vide det	ails of	your curre	nt Errors & Omissio	ons Insuran	ice (i	f any)):				
		Effecti	ve Date	Limit	Deductible			Premium		Insurer		
Current												
7. Insurance	loss & ⊔	istory										
		-	led or refus	ed for this property?	' Yes		No					
		i cancei	ica or reras	cu for this property:	163		INO					
If 'yes', please			/							2		
			-	covered by insurance	e or not) by	tne a	ppiica	nt in the	e last 5 yea	ars? Yes No		
If 'yes', please			n below:				_					
Date of Loss	Claim Closed?		Type of Loss			Amount Paid P		d Preve	Preventative Measures in Place?			
	Yes	No										
	Yes	No										
8. Coverage Information			Limits Required				Deductible					
Commercial General												
Commercial Ge	eneral Agg	gregate										
Tenant's Legal	Liability											
Employee Benefits Liability												
Non-Owned Automobile												
Any Specific co	overages i	required	d?									
9. Additional	Commen	its										
										T CONFIRMS COVERAGE IS IN PLACE. ODIS be duly listed on any quotation, binder or		
Application Form, togany material alteration	gether with a on to these fa	ny other m acts occurri	aterial informations at the co	on supplied by me/us shall for impletion of the contract. I/w	rm the basis of ange authorize you t	ny contr	act of in:	surance aff nd disclose	ected thereon	essed any material fact. I/we agree that this I. I/we undertake to inform Underwriters of rmation as permitted by law, in connection I claims, and detect and prevent fraud, such		

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

Date:

Full Name(s):