



We can show you more.®
Insured by Continental Casualty Company

Insured by

Commercial General Liability Application – Option D

NAME OF SOLE PRACTITIONER/CORPORATION TO BE INSURED:

ADDRESS: _____

PHONE NO. (Home): _____ PHONE NO. (Business): _____

PHONE NO. (Cell): _____ FAX NO. _____

E-Mail Primary: _____

E-Mail Secondary: _____

DESCRIPTION OF YOUR PRACTICE: _____

HOW LONG HAVE YOU BEEN IN PRACTICE? _____

FORM OF BUSINESS: Individual Corporation Partnership

Limit of insurance requested? \$2 million \$3 million \$5 million

Do you have a written Rental or Contractual Agreement? If so please send us a copy.

Declaration

CURRENT INSURER: _____

POLICY NUMBER: _____ EXPIRY DATE: _____

HAS COVERAGE BEEN CANCELLED OR DECLINED IN THE PAST? Yes No

IF "YES", PLEASE PROVIDE DETAILS: _____

PLEASE PROVIDE DETAILS OF ANY CLAIMS OR LOSSES FOR THE PAST 5 YEARS:

I HEREBY DECLARE AND WARRANT that the above statements and particulars are in all respects complete and true, that they are material and that I have not suppressed or misstated any material facts and I agree that this Application Form shall be the basis of the Contract with the Insurer and deemed part of the insurance coverage issued to me.

NAME OF APPLICANT: _____

SIGNATURE: _____ DATE: _____

If you have questions
Telephone 416-366-5243 or Toll Free 1-877-427-8683
FAX: 1-416-862-2416 or email: cand@partnersindemnity.com