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| **Contingent Business Interruption Individual Locations****Supplemental Application** |
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| **NOTE:** | **If a contingent business (property) has more than one location (e.g. ABC Inc. has a head office, warehouse,**  |
|  | **manufacturing plant) details regarding each of these locations is required** |
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| Named Insured  |       | Policy Number |       |
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| Business or Corporate name of the Contingent Property |
|       |
|  |
| Contingent Property Information |
| Location |       |
|  |       |
| Construction |       |
| Fire Protection |       |
| Occupancy |       |
| Limits of Insurance | $ |       |  |
|  |
|  |
| Contingent Property Information |
| Location |       |
|  |       |
| Construction |       |
| Fire Protection |       |
| Occupancy |       |
| Limits of Insurance | $ |       |  |
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|  |
| Contingent Property Information |
| Location |       |
|  |       |
| Construction |       |
| Fire Protection |       |
| Occupancy |       |
| Limits of Insurance | $ |       |  |
|  |
|  |
| Contingent Property Information |
| Location |       |
|  |       |
| Construction |       |
| Fire Protection |       |
| Occupancy |       |
| Limits of Insurance | $ |       |  |
| Is this Contingent Business a  | Supplier |       | Recipient |       |
|  |  |  |  |  |
|  |  |  |  |  |
| Indicate the product/material this Contingent Property is a supplier or recipient of and provide a brief description of how the Applicant's |
| business would be affected |
|       |
|       |

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| Is this the Applicant's only supplier/recipient of this product or material? | YES |       | NO |       |
| If "NO", indicate the approximate percentage you received or supplied to this contingent business |       | % |  |
| Supplier Additional Information: If this is the only supplier, in the event of a loss, are there other sources available the Applicant can |
| obtain this product or material from? Explain |
|       |
|       |

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| **Applicant Acknowledgement**  |
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| The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein |
| are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this |
| form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy. |
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| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this |
| application (including but not limited to the information contained in this form) has been collected in accordance with applicable |
| privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance |
| products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent |
| fraud, analyze and audit business results and/or comply with regulatory or legal requirements. |
|  |  |
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| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** |       |  |  |
| **Broker Signature** |       |  |  |

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