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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** | | | | | | | | | | |
|  | | | | | | | | | | | |
| Named Insured | |  | | | | Policy Number | |  | | | |
|  | | | | | | | | | | | |
| 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** | | | | | | |
|  | | | | | | |
| 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. | | | | | | |
|  | | | | | | |
|  | | | | | | |
| 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. | | | | | | |
|  |  | | | | |
|  | | | | | |
| **Applicant Name** | |  | **Title/Position** | |  |
| **Applicant Signature** | |  | **Date** | |  |
| **Broker Name** | |  |  |  | | |
| **Broker Signature** | |  |  |  | | |

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