



[Legal Expense]

LEGAL EXPENSE APPLICATION



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LEGAL EXPENSE APPLICATION

PART 1 GENERAL INFORMATION

Broker:

Contact Person:

Tel:

Name of Applicant (Full Legal Name): *(Please list all subsidiaries to be covered)*

Mailing Address:

Postal Code:

Website:

Email:

Describe all operations of the Applicant:

Gross revenues for the last 12 months:

\$

Gross sales and/or receipts estimated for the current year:

\$

Please Note: This insurance will not cover you against all legal expenses. Nor will it cover you against claims arising out of events or contracts which predate the first period of insurance, or employment claims made during the first 90 days of the first period of insurance. A deductible may apply, and a 10% co-pay will apply to all claims where the legal expenses exceed \$10,000. If Contract coverage is provided, the amount in dispute must be in excess of \$10,000 before coverage applies.

DECLARATION

Has the Applicant been involved with any disputes or legal proceedings (litigation) during the last five years?

Yes No

Is there any cause, event or circumstance which to your knowledge and belief may give rise to a claim being made under this insurance?

Yes No

If you have ticked the "Yes" box to any question above, please provide full details under Additional Information, including the names of any persons involved, the status of the dispute, legal proceedings, cause, event or circumstance (open or closed) and the outcome of any matter with details of all related costs and expenses.

ADDITIONAL INFORMATION

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____