

Please complete this application and email it to submit@approvedcasualty.com

Fields and questions marked with an * are required. Answer every question Yes or No.

PART 1 POLICY & BROKER INFORMATION

*Named Insured

*Expiring Policy #

*Renewal Effective Date

Brokerage

Broker Contact

Broker E-Mail

PART 2 CHANGES SINCE LAST RENEWAL

*1. Have the applicant's professional services, products, business units, or the size of contracts/engagements changed materially?

☐ Yes

☐ No

*2. Has gross annual revenue or total headcount changed by more than 25%? If yes, provide updated figures:

☐ Yes

☐ No

Updated Revenue: \$

Updated Headcount:

*3. Has there been any change in ownership, structure (merger, acquisition, sale, restructuring), or principals/partners?

☐ Yes

☐ No

*4. Has the applicant begun operating in the United States or any jurisdiction outside Canada?

☐ Yes

☐ No

If YES to any above, provide brief details

PART 3 CLAIMS & CIRCUMSTANCES

*5. Were any claims, suits, or demands for arbitration made during the expiring policy period, or are any previously reported claims still open?

☐ Yes

☐ No

*6. Are you aware of any circumstance, act, error, or omission that may give rise to a claim under the renewal policy?

☐ Yes

☐ No

If YES to any above, provide details below. Attach a schedule if more than three.

Date	Claimant / Claim or Circumstance Description	Paid	Outstanding / Reserve

PART 4 DECLARATION

I/we declare that the statements herein are true and complete, that no material facts have been omitted, and that I/we are not aware of any claims or circumstances that may give rise to a claim other than as disclosed above.

I/we agree that this application is subject to all terms and conditions of the expiring policy and forms the basis of the renewal contract, and will advise Underwriters of any material change before coverage is bound.

NOTE: Wilful misrepresentation or omission of a material fact may void coverage and could constitute fraud. This application does not bind coverage.

Applicant Name / Title

Signature

Date