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Print Form

## Acumen Insurance Application for Beauty Parlour/Aestheticians/Professional Liability Insurance

Acumen Insurance Group  
835 Paramount Drive, Suite 301  
Stoney Creek, Ontario  
L8J 0B4  
Phone: (905) 574-7000  
Fax: (905) 574-8860

This application form is best viewed with Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader installed, you can download it at "<http://get.adobe.com/reader>". Save this file to your desk top and return via email.

PLEASE NOTE: COMPLETION OF THIS APPLICATION IS FOR QUOTATION PURPOSES ONLY AND DOES NOT PLACE COVERAGE IN FORCE

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Legal Business Name

Mailing Address

City  Province  Postal Code  Country

Business Address

City  Province  Postal Code  Country

Do you have Additional Locations  YES  NO

If Yes, please provide the address

Business Address

City  Province  Postal Code  Country

Contact Person  Phone Number  Fax Number

Res. Number  Cell Number  Email

Web Site Address

Do you currently have insurance?  YES  NO

Insurance Company

Have you had insurance previously?  YES  NO

Policy Number

If yes, how long ago?

Has prior coverage been a Claims Made Basis?  YES  NO

If Yes, retroactive date

Have you ever been cancelled for non-payment?  YES  NO

How long have you been in business?

**PROPERTY INFORMATION**

Please choose your location description

Do you own the building/Unit?  YES  NO

Age of Building  Number of Storeys

Total Area of Building (Approx Square Feet)  Area of your Facility (Approx Square Feet)

**LATEST UPDATES IF BUILDING IS OVER 25 YEARS OLD?**

Roof  Heating

Plumbing  Electric

**Construction of Building**

Wall Type  Concrete Block/Masonry  Brick Veneer over Wood  Frame/Siding

Roof Type  Steel Deck or Concrete  Wood Joists  Metal Clad

Is there a sprinkler system?  YES  NO Number of Fire Extinguishers  Number of Smoke Detectors

Fire Hydrants within 500 Feet?  YES  NO Fire Alarm?  YES  NO

Is there a burglar Alarm?  YES  NO Alarm monitored 24 hours?  YES  NO Please attach Alarm Certificate

Average Hours of Operaton  to  Do you Operate 24 hours?  YES  NO

Is there any Bar/Restaurant adjacement to your operation?  YES  NO

Is there a Variety Store adjacent to your operation?  YES  NO

Do you own, operate, or rent space to associated businesses?  YES  NO

If yes, please describe

Describe precautions taken to avoid slips and falls at entrances

Who does snow removal?

Type of steps if any?

Do you keep salt on hand for de-icing walkways / entrances?  YES  NO

Do you apply salt and de-icie walkways / entrances?  YES  NO

**FINANCIAL INFORMATION**

USE THE FOLLOWING CATEGORY BREAKDOWNS TO HELP YOU DETERMINE YOUR "PROPERTY VALUES" BELOW

**STOCK**

|   |   |   |
|---|---|---|
| Cosmetics <input type="text"/>          | Hair Care Products <input type="text"/>     | Skin Care Products <input type="text"/> |
| Clothes <input type="text"/>            | Supplements <input type="text"/>            | Lotions <input type="text"/>            |
| Nail Care Products <input type="text"/> | Other Stock not listed <input type="text"/> |   |
| Please specify <input type="text"/>     |   |   |

**EQUIPMENT**

|              |                      |
|--------------|----------------------|
| Computers    | <input type="text"/> |
| Furniture    | <input type="text"/> |
| Tanning Beds | <input type="text"/> |

|                |                      |
|----------------|----------------------|
| Laptops        | <input type="text"/> |
| Massage Tables | <input type="text"/> |
| Lasers/IPL/RF  | <input type="text"/> |

|          |                      |
|----------|----------------------|
| Signs    | <input type="text"/> |
| Machines | <input type="text"/> |

**LEASEHOLDS/TENANTS IMPROVEMENTS**

|                       |                      |
|-----------------------|----------------------|
| Offices               | <input type="text"/> |
| Beauty Styling Chairs | <input type="text"/> |
| Construction Costs    | <input type="text"/> |

|                               |                      |
|-------------------------------|----------------------|
| A/C Units                     | <input type="text"/> |
| Change Rooms                  | <input type="text"/> |
| Existing Tenants Improvements | <input type="text"/> |
| Other, please specify         | <input type="text"/> |

|                     |                      |
|---------------------|----------------------|
| Phone/Alarm Systems | <input type="text"/> |
| Washrooms/Shower    | <input type="text"/> |

**PROPERTY VALUES - COVERAGE YOU REQUIRE (TOTALS FROM THE ABOVE CATEGORIES)**

|  |                      |                       |                      |                               |                      |                      |
|--|----------------------|-----------------------|----------------------|-------------------------------|----------------------|----------------------|
| Building (only if you require coverage) UNIT | <input type="text"/> | Stock                 | <input type="text"/> | Leasehold/Tenant Improvements | <input type="text"/> |                      |
| Equipment                                    | <input type="text"/> | Other, please specify | <input type="text"/> |                               | Value                | <input type="text"/> |

**THE QUOTATION WILL BE BASED ON THE ABOVE INFORMATION. PLEASE COMPLETE ACCURATELY**

**DESCRIPTION OF OPERATIONS**

|  |  |  |  |
|--|--|--|--|
| Are client cards/records kept  | <input type="checkbox"/> YES <input type="checkbox"/> NO | How long are records kept                | <input type="text"/>                                     |
| Do clients sign a waiver (Laser Only)  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Any clients under the age of 18?         | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you offer Child Care?   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Do parents stay on premise at all times? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have a Liquor License?  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you ever serve alcohol?               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Snack Bar on Premises?   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you use a deep fat fryer?             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are there any operations or activities away from the premises?                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |
| Do you attend any trade shows/exhibits with your equipment?                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |
| Do you bring any specialists into your premise to provide additional operations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |
| If so, please advise operations:   | <input type="text"/>                                     |  |  |
| Number of Swimming Pools?  | <input type="text"/>                                     | Maximum Depth in feet?                   | <input type="text"/>                                     |
| Is there Diving Boards   | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |
| Showers  | <input type="checkbox"/> YES <input type="checkbox"/> NO | # of Units                               | <input type="text"/>                                     |
| Non-Slip Flooring  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Rubber Mats in Halls?                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Whirlpools   | <input type="checkbox"/> YES <input type="checkbox"/> NO | # of Units                               | <input type="text"/>                                     |
| Non-Slip Flooring  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Rubber Mats in Halls?                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Steam Rooms  | <input type="checkbox"/> YES <input type="checkbox"/> NO | # of Units                               | <input type="text"/>                                     |
| Non-Slip Flooring  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Rubber Mats in Halls?                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Saunas   | <input type="checkbox"/> YES <input type="checkbox"/> NO | # of Units                               | <input type="text"/>                                     |
| Non-Slip Flooring  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Rubber Mats in Halls?                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Wet or Dry Sauna?  | <input type="text"/>                                     | Any scorching behind Sauna heating Unit? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| How many inches is the heating unit away from the closet wall? (in inches)       | <input type="text"/>                                     |  |  |
| Are there any Squash, Racquetball, Tennis or Basketball Courts?                  | <input type="checkbox"/> YES <input type="checkbox"/> NO | If so, please specify                    | <input type="text"/>                                     |

## CRIME EXPOSURES

Maximum amount of cash left on Premises overnight? 

If over \$250, do you have a safe?

 YES  NOIf yes, please specify safe type 

## EQUIPMENT

Do you have modified or Rebuilt/Used Equipment?

 YES  NOIf yes, please specify age of equipment (years) 

Is Equipment Inspected Daily?

 YES  NOWho does the maintenance on the equipment? 

## STERILIZATION

Is staff required to wear sterilized gloves at all times?

 YES  NO

Do you have an autoclave premise?

 YES  NO**PLEASE ATTACH A SUPPLEMENTARY PAGE OUTLINING ALL OF YOUR STERILIZATION PROCEDURES AS WELL AS POLICIES IN PLACE TO PREVENT CROSS-CONTAMINATION**

## FINANCIAL INFORMATION

LIABILITY INFORMATION

Liability Limits Desired

 \$2,000,000 \$3,000,000 \$5,000,000

Please provide approximate annual revenues for each of the following services:

|                      |                                  |               |                                  |                  |                                  |
|----------------------|----------------------------------|---------------|----------------------------------|------------------|----------------------------------|
| Hair Cutting/Styling | <input type="text" value="\$0"/> | Nail Services | <input type="text" value="\$0"/> | Acid Peels       | <input type="text" value="\$0"/> |
| Aromatherapy         | <input type="text" value="\$0"/> | Electrolysis  | <input type="text" value="\$0"/> | Laser/IPL/RF     | <input type="text" value="\$0"/> |
| Massage Services     | <input type="text" value="\$0"/> | Product Sales | <input type="text" value="\$0"/> | Supplement Sales | <input type="text" value="\$0"/> |
| Clothing Sales       | <input type="text" value="\$0"/> | Tanning Bed   | <input type="text" value="\$0"/> | Other            | <input type="text" value="\$0"/> |

Body Wraps  YES  NOChiropractors on staff  YES  NOEar Candling  YES  NOEars Piercing Only  YES  NOMakeup - Non-Permanent  YES  NODo you perform Pedicures on Diabetics?  YES  NONails - Acrylic  YES  NO

Do you use MMA (Methyl Methacrylate) within the Nail process?

 YES  NOPhysical Therapist on Staff?  YES  NOTattooing - Henna  YES  NOTattooing - Spray on  YES  NOSpray Tanning Booth  YES  NOWart / Mole Removal  YES  NOBody Piercing  YES  NOGenital Piercing  YES  NOSupplemental Sales  YES  NOSell Products under own label?  YES  NOHair Cutting / Coloring  YES  NOBotox Injections  YES  NOCollagen Injections  YES  NOFacials  YES  NOElectrolysis  YES  NOManicure / Pedicure  YES  NO

If Yes, please attach separate page describing procedures and precautions

Gel Nails  YES  NOHot Stone Massage  YES  NOTattooing -Permanent Body  YES  NOToning Beds  YES  NOSpray Tanning Handheld  YES  NOWaxing / Sugaring  YES  NOFace/ Tongue Piercing  YES  NOMakeup - Semi Permanent  YES  NODo you sell any Metabolics  YES  NO

If Yes, attach brochure of products available

Number of Chairs Number of Operators

|                                       |  |  |  |
|---------------------------------------|--|--|--|
| Diet/Nutrition                        | <input type="checkbox"/> YES <input type="checkbox"/> NO | Follow Canada Food Guide   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reflexology                           | <input type="checkbox"/> YES <input type="checkbox"/> NO | Percentage of gross income   |  |
| Aqua Massage Beds                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | Number of Aqua Massage Beds  |  |
| Acid Peels                            | <input type="checkbox"/> YES <input type="checkbox"/> NO | % of gross income  | # of operators   |
| Aromatherapy                          | <input type="checkbox"/> YES <input type="checkbox"/> NO | % of gross income  | # of operators   |
| Sclerotherapy                         | <input type="checkbox"/> YES <input type="checkbox"/> NO | % of gross income  | # of operators   |
| Laser/Light/RF Treatments             | <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, please complete "Laser/IPL/RF" Application on page 5   |  |
| Massage - Registered                  | <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, please complete Massage Therapy Section on page 7  |  |
| Massage - Non-Registered              | <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, please complete Massage Therapy Section on page 9  |  |
| Microdermabrasion                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, please complete Microdermabrasion Section on page 10   |  |
| Permanent Makeup                      | <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, please complete Permanent Makeup Section on page 11  |  |
| Tanning Beds & Booths                 | <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, please complete Tanning Operations Section on page 12  |  |
| Operate a school or training Facility | <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, please attach a copy of course outline including instructors qualifications and number of students |  |

|  |  |
|--|--|
| Any other services (Not mentioned Above) |  |
|--|--|

Please provide a brochure of your operations, if available, when submitting this application



LASER/IPL/RF APPLICATION

Please advise if you provide the following laser/IPL operations:

|       |  |    |  |             |  |
|-------|--|----|--|-------------|--|
| Laser | <input type="checkbox"/> YES <input type="checkbox"/> NO | RF | <input type="checkbox"/> YES <input type="checkbox"/> NO | Pulse Light | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------|--|----|--|-------------|--|

Please provide all operators who provide Laser/RF/Light treatment and their experience:

| Name of Persons providing Laser/IPL Treatments | Years of Education | Years of Experience/Qualification | Any prior claims made against each individual<br>Please give details |
|--|--------------------|-----------------------------------|--|
|  |                    |                                   |  |
|  |                    |                                   |  |
|  |                    |                                   |  |
|  |                    |                                   |  |
|  |                    |                                   |  |
|  |                    |                                   |  |
|  |                    |                                   |  |

Please select what skin types you provide services on as per the Fitzpatrick Scale:

|                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

|  |  |
|--|--|
| Do you complete a patch test at least 24 hours prior to laser hair removal operations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you wear surgical gloves when providing laser services to clients?                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does your client wear protective eyewear during laser services?                        | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you keep copies of all client service records for a minimal 7 years?                | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is a waiver signed, dated and kept on record for 7 years?                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you explain to the client what steps to take prior to any laser treatment?          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you explain to the client what steps to take after any laser treatment?             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are machines used to correct red/spider veins?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Sclerotherapy?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Stripping?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Acne?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |

|                                   |  |
|-----------------------------------|--|
| Other Treatments? Please describe |  |
|-----------------------------------|--|

|                                     |  |
|-------------------------------------|--|
| What is the minimum age of clients? |  |
|-------------------------------------|--|

Complete this section for all Laser/IPL/RF systems

| Make | Model & Serial Number | Age Years | Cost to Replace Today<br>Including Attachments/Hand Pieces |
|------|-----------------------|-----------|--|
|      |                       |           |  |
|      |                       |           |  |
|      |                       |           |  |
|      |                       |           |  |

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Have all operators listed had training on the above Laser/IPL/RF machine(s)                        | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Is your laser machine(s) leased or financed?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| If leased or financed, Provide Company Name and Address:   |                          |     |                          |    |
| Please list all locations, methods of transporting equipment and frequency of off-site treatments: |                          |     |                          |    |
| Do you lease or rent your machine to other individuals or businesses?                              | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| If yes, to whom and how often?   |                          |     |                          |    |
| Is the laser equipment being used in accordance with the Manufactures specifications?              | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Any person who knowingly and with intent to defraud any insurance company or another person, files and application containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects this person to criminal and civil penalties.

Date

Signature



|                        |
|------------------------|
| <b>MASSAGE THERAPY</b> |
|------------------------|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| What type(s) of Massage do you perform?                            |                              |                             |
| Do you offer Hot Stone massage?                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Number of years of experience>                                     |                              |                             |
| Are you a RMT?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you collect and discuss the client's health information?        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the client's health information saved for at least 7 years?     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is a waiver signed, dated and kept on record for at least 7 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever had a claim made against you?                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, please advise:   |                              |                             |

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## ELECTROLYSIS, ACID PEELS &amp; MICRODERMABRASION

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you use an autoclave to sterilize equipment?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does all staff wear surgical gloves when performing services?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you use disposable tips for each new client?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you provide Medium Peels?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you provide Deep Peels?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you collect and discuss the client's health information?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The number of year's client's information is saved?   |                              |                             |
| Have you ever had a claim made against you?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, please advise:  |                              |                             |
| Please select what skin types you provide services on as per the Fitzpatrick Scale:   |                              |                             |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 |                              |                             |
| What is the minimum age of clients?   |                              |                             |

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**PERMANENT MAKEUP**

|   |   |  |
|---|---|--|
| Number of Staff that are providing this service?                                  |   |  |
| Estimated Receipts for Permanent Make-Up  |   |  |
| Years of experience for each individual   | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/>                |
| Education/Training: Where were you Trained?                                       |   |  |
| Do you have a certificate for this service?                                       |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, from who?   |   |  |
| Do all clients sign a waiver/release form?  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you perform a patch test for allergies?  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you use disposable products only?  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Describe your sterilization procedure?  |   |  |
| Other than eyes and lips, do you perform services on any other areas of the body? |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please specify  |   |  |
| What type of dye do you use?  |   |  |
| Who do you purchase the dye from?   |   |  |
| Do you manufacture or sell your own permanent makeup products to others?          |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PLEASE ATTACH A SUPPLEMENT PAGE OUTLINING ALL OF YOUR STERILIZATION PROCEDURES AS WELL AS POLICIES IN PLACE TO PREVENT CROSS-CONTAMINATION

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**TANNING OPERATIONS**

| Equipment    | #of Units | Intensity | Manufacturer | Type of Timer        | Where are timing controls located? |
|--------------|-----------|-----------|--------------|----------------------|------------------------------------|
| Beds         |           |           |              | <input type="text"/> |                                    |
| Booths       |           |           |              | <input type="text"/> |                                    |
| Facial Units |           |           |              | <input type="text"/> |                                    |
| Spray Booths |           |           |              | <input type="text"/> |                                    |
| Air Brush    |           |           |              | <input type="text"/> |                                    |

Total cost to replace all tanning beds/booths with new equipment

Average age of beds?

How often is the equipment inspected?

Do licensed electricians service the equipment?  YES  NO

Are the beds cleaned after every use?  YES  NO

Who changes the bulbs?

Do you have laundry facilities for towels?  YES  NO

If yes, how often are exterior dryer vents cleaned?

**TANNING PROCEDURE**

Are employees permitted to touch clients?  YES  NO

Are clients given tanning instructions?  YES  NO

Do you use Accelerators?  YES  NO

Unlimited Tanning offered?  YES  NO

If yes, what system is in place to prevent over exposure?

Average number of clients annually?

Do you have all clients sign a waiver?  YES  NO

Are children left unattended?  YES  NO

Do you use Skin analysis/evaluation with clients?  YES  NO

Are staff trained and certified by Smart Tan?  YES  NO

Are goggles supplied and REQUIRED to be used?  YES  NO

What is the minimum age or clients?

Do you keep a record of your clients tanning sessions?  YES  NO

If yes, how?

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PRIVACY CLAUSE

Our brokerage and the insurance industry have a solid track record of respecting your right to privacy and safeguarding your personal information. As a result of federal legislation, we've further strengthened our privacy commitment by informing you of why and how we collect, use and disclose your personal information. You can be assured that we'll only handle your personal information in a manner that a reasonable person would consider appropriate in the circumstances.

PLEASE NOTE

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes was not provided.

The purpose of this questionarre is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability.

The under-signed, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy.

A consumer report containing personal, credit, factual or investigative information about the applicant may be be sought in connection with this application for insurance or any renewal, extension or variation therof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should be a policy be issued.

The Client hereby acknowledges that by completing and returning the application to Acumen Insurance Group Inc., you agreed to and consent to the collection, use and disclosure of such information, including any personal information, by Acumen Insurance Group Inc. for the following purposes:

- Communicating with you
- Assessing your application for insurance
- Disclosing Information to Intact Insurance
- Negotiating, maintaining or renewing insurance on your behalf
- Providing claims assistance and service
- Advising you of other products or services
- Complying with regulations and legal authorities

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Peter Krizanac, RIB (Ont.), AIPC  
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