

## Account Information Update General

Please provide an update of your operations and exposures for our file. This information will be used for the next renewal term.

Legal Name of Applicant \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Brokerage Name \_\_\_\_\_

Is Provincial Workers' Compensation Insurance carried? YES \_\_\_\_\_ NO \_\_\_\_\_

Information Required	Comments
<b>Total Annual:</b>	
Payroll including Benefits	\$ _____
Operating Budget	\$ _____
Gross Revenue	\$ _____
Rental Revenue	\$ _____
Gross Liquor Revenue	\$ _____
<b>Total number of (FTE*):</b>	
*FTE means Full Time Equivalent	
Board Members	_____
Foundation Board Members	_____
Employees	_____
Volunteers	_____
Fundraising Events	_____
Non-Profit Housing Units	_____
Other - please specify	_____
<b>Additional Information Required</b>	

Describe any changes or anticipated changes in your operation or exposures

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**The undersigned authorized signatory of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true.**

**Note: At any time if circumstances change in that they may materially alter the risk or exposure, please contact your underwriter with complete details.**

Applicant Name \_\_\_\_\_ Title/Position \_\_\_\_\_  
 Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Broker Name \_\_\_\_\_  
 Broker Signature \_\_\_\_\_